

**Individual Behavioral Processes Branch – Behavioral Medicine Section**  
**Project Officer: Sidney Stahl**

Date Run: 02/07/04

**PUBLIC ABSTRACTS**

**Grant:** 5F31AG005921-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MARQUEZ, DAVID X PHD  
**Title:** MINORITY PREDOCTORAL FELLOWSHIP PROGRAM  
**Institution:** UNIVERSITY OF ILLINOIS URBANA- CHAMPAIGN, IL  
CHAMPAIGN  
**Project Period:** 2002/09/30-2004/09/24

**DESCRIPTION:** (Adapted from the Applicant's Abstract): The candidate's future research endeavors will be focused in the area of determinants of physical activity in older Latino adults. Latinos will become the largest minority group in the United States by the early 21st century (Council on Scientific Affairs, AMA, 1991). Unfortunately, 36 percent of Latino adults report no participation in leisure time physical activity (National Center for Health Statistics, 1999) and 51 percent of those aged 65-74 report no leisure time physical activity. In addition, attrition from physical activity programs approximates 50 percent within the first 6 months. The proposed research program is designed to combine two theoretical approaches, social cognitive theory and self-presentation theory, in an effort to understand the determinants of physical activity among Latino adults. The candidate proposes to begin this work by examining the relationships among social physique anxiety, self-efficacy, and the exercise behavior of older adults in an existing data set. Findings from this study will be used to assist in designing a study examining the role of these constructs in the exercise behavior of older Latinos and to identify strategies for changing the exercise environment to maximize participation in this population.

**Grant:** 1F31AG021879-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** OTILINGAM, POORNI G MPH  
**Title:** Social Marketing and Dementia Care in Ethnic Elders  
**Institution:** UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CA  
**Project Period:** 2003/06/01-2006/05/31

DESCRIPTION (provided by applicant): Ethnic elders have been found to wait to access services for dementia care until symptoms become severe. This is in contrast to Caucasians, who have been found to be served by dementia care at an earlier stage, where some dementia symptoms can potentially be reversed (e.g., B12 deficiency, medicinal side effects, infections). Hence, the long-term goal of this research proposal is to acquire information regarding the delay in accessing dementia care services, and then to promote behavior change using social marketing and stages of change models. The research proposal has four objectives: 1) to understand the reasons behind the delay in accessing dementia care, factoring in ethnic elders' and their caregivers' stage of behavior change, as well as their knowledge, attitudes, beliefs, and practices (KABP) towards delayed dementia-care seeking; 2) to segment the sample, creating a target audience based on their stage of change; 3) to develop stage-specific key messages with the involvement of ethnic elders and their caregivers to address different KABPs; and 4) to disseminate and evaluate the effectiveness of these key messages among the target audience. Data will be collected via university-based and community partnering organizations utilizing focus groups and surveys. Analyses will include factor analysis, multiple regression models, and hierarchical linear modeling.

**Grant:** 1F31AG021329-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SIMS, COLETTE M MA  
**Title:** Health Access/Utilization Behavior of Older Black Women  
**Institution:** UNIVERSITY OF ARIZONA TUCSON, AZ  
**Project Period:** 2003/03/31-2005/03/30

DESCRIPTION (provided by applicant): In order to operationalize and develop preventative/therapeutic health delivery systems into tangible outcomes that successfully meet the needs of any vulnerable sub-population, researchers must examine and understand the multiple meanings of the social categories of race, gender and old age that can lead to cumulative vulnerability. The study will specifically draw on two distinct sample populations of older African American women (aged 40-55 and 56 and over), and will include women who have utilized preventative health care services (e.g. mammograms, and other screening tests) and those who have not. It is reasoned that women of these two age groups may have distinct health care seeking behavior, different social support networks, as well as divergent health conditions associated with aging. The proposed study will obtain detailed qualitative information on life events, as well as quantitative information on the use of preventative and curative health care services by older African American women. This study will utilize key informants and document African American women's health care seeking behavior through individual in-depth interviews with (40) women and focus group interviews. In addition, focus groups will be conducted with health care providers/practitioners who work with this population. A mixed method approach allows for a more careful, detailed investigation of how predisposing, enabling and service factors may impact decisions to access and utilize preventive services (e.g., annual physicals, mammograms, pap smears, etc.) as well as curative health care services (e.g., follow-up, therapeutic services, etc).

**Grant:** 3F32AG020893-01S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** DREW, LINDA M PHD PSYCHOLOGY  
**Title:** Grandparent health & loss of contact with grandchildren  
**Institution:** UNIVERSITY OF SOUTHERN CALIFORNIA LOS ANGELES, CA  
**Project Period:** 2003/04/15-

DESCRIPTION (provided by candidate): This study will examine grandparents' emotional and physical health consequences resulting from the loss or reduction in contact with their grandchildren due to parental divorce, family feud, or death/illness of an adult child. Grandparenting role salience will be evaluated as a mediator of the effects of loss on health through a weakening of subjective role identification. Additionally, it will be determined if the external (social support) and internal (locus of control) resources of the grandparent moderate the negative health outcomes for grandparents. Solidarity and conflict between grandparents and their adult children (parents of their grandchildren) will be examined for the underlying family dynamics that serve as risk factors for the loss of contact with grandchildren. Longitudinal survey data and multivariate models of analyses will be used in defining the risk factors for grandparents. A small body of work in Canada and the UK have found curtailed contact with grandchildren to be largely a hidden source of misery affecting many thousands of grandparents. If the same negative health consequences are found for American grandparents, this will highlight the unique frustrations and difficulties experienced by a growing number of potentially at-risk individuals, and raise important family policy considerations regarding grandparent rights. By examining how consequences vary with characteristics of grandparents, and in relation to intergenerational family solidarity and conflict, these findings will have implications for the forms intervention services should take.

**Grant:** 5K01AG000943-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ALLEN-BURGE, REBECCA S PHD  
**Title:** CARE INTEGRATION TEAM INTERVENTION DURING HOSPICE CARE  
**Institution:** UNIVERSITY OF ALABAMA IN TUSCALOOSA TUSCALOOSA, AL  
**Project Period:** 2000/04/15-2005/03/31

DESCRIPTION (adapted from the application): As a new investigator in the fourth year of her independent research career, the candidate has addressed this MRSDA application to the psychosocial geriatrics research objective of the NIA. The training phase of this application (Years 1-2) will provide supervised experiences and establish interdisciplinary collaborations in the following areas: (1) palliative care; (2) therapeutic interventions with terminal caregivers; (3) the assessment of medical decision making capacity and the legal issues involved therein; and (4) multivariate statistics for nested research designs. The purpose of the project in Years 3-5 is to develop and evaluate a two-pronged, Care Integration Team (CIT) intervention to improve communication among professional and personal caregivers for individuals receiving in-home hospice care. A two group comparison design with an embedded intrasubject comparison component will be used to test the intervention's effectiveness. The CIT intervention attempts to improve communication among the members of CIT by: (1) training registered nurses in the administration of advance care planning (ACP) interviews and the use of enhanced job structure to facilitate treatment fidelity, and (2) training personal caregivers in the use of problem solving skills. Aim 1 assesses the efficacy of training RNs to conduct ACP interviews and use enhanced job structure to track the impact of their ACP interviews on care recipient/personal caregiver dyads. Aim 2 measures the impact of RN-ACP interviewing on personal caregivers knowledge of advance directives and of care recipients medical treatment wishes. Personal caregivers satisfaction with the RN-ACP interview will also be assessed. Aim 3 assesses the efficacy of the two-pronged intervention on reducing personal caregivers experience of psychological and care-related distress during in-home hospice care. Secondary aims include measuring the longitudinal impact of the intervention among Caucasian and African-American dyads on changes in personal caregiver psychosocial outcome and on care recipient quality of life. Behavioral indicators of care recipient pain and communication will be assessed through videotapes and computer-assisted direct observational procedures.

**Grant:** 5K01AG020516-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** DEGENHOLTZ, HOWARD B PHD  
**Title:** The Quality of Life of Nursing Home Residents  
**Institution:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH, PA  
PITTSBURGH  
**Project Period:** 2002/07/01-2007/06/30

DESCRIPTION (provided by applicant): Nursing homes are responsible for not only the quality of the medical and physical care of residents, but also for quality of life that residents are able to achieve. Residents, their families, regulators and providers are all vitally concerned that facilities provide environments that afford each resident the best opportunity for privacy, dignity, autonomy, social interaction and other aspects of a high quality of life. It is widely recognized, however, that the quality of life of nursing home residents often falls short of ideal. The physical environment is a major factor in the lives of nursing home residents. Despite the importance the environment in shaping the everyday lives of nursing home residents its effect on quality of life has not been studied systematically controlling for relevant variables such as resident case mix, staffing levels, and administrative policies that also influence quality of life. The proposed career development award will involve training activities designed to give the candidate a strong understanding of the clinical aspects of caring for nursing home residents, a deep understanding of the way physical environments are designed and used, and knowledge and skills for measuring costs associated with residential care for the elderly. The proposed research project will accomplish the following specific aims: 1. Determine the relationship between features of the nursing home environment and quality of life for different subgroups of residents. 2. Estimate the potential improvement in quality of life from modifying the environment. 3. Estimate the cost associated with environmental modifications. The proposed study will provide data on the impact on resident quality of life of the nursing home environment at the room, unit and facility level. By focusing on how different features of the physical environment promote or inhibit high quality of life for subgroups of residents, it will be possible to make concrete recommendations that can be used to guide quality improvement efforts.

**Grant:** 1K01AG021983-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GALLO, WILLIAM T PHD  
**Title:** Health Effects of Involuntary Job Loss in Older Workers  
**Institution:** YALE UNIVERSITY NEW HAVEN, CT  
**Project Period:** 2003/06/01-2008/04/30

DESCRIPTION (provided by applicant): This application is a request for a Mentored Research Scientist Development Award in Aging (K01). The overall aim of the proposal is to provide the candidate, William T. Gallo, Ph.D., with a supervised training and research experience that will enable him to become an independent investigator focusing on the effect of involuntary job loss among workers nearing retirement on adverse health changes and mortality. Dr. Gallo, an economist whose multidisciplinary research encompasses the fields of economics, social epidemiology, and gerontology, is currently a faculty member in the Division of Health Policy and Administration at the Yale University School of Medicine. The K01 award, and the supportive research environment at Yale, will provide Dr. Gallo with the scientific tools necessary for successful career development. The specific objectives of the career development plan will be achieved by undertaking relevant didactic and substantive training. The didactic training will develop an understanding of the health dynamics of older individuals, explore the role of behavioral and psychosocial factors in health, elucidate the etiology and epidemiology of the health outcomes to be examined, and provide rigorous statistical training in the methods used to analyze longitudinal and survival data. The research will be explored within the framework of a well-established model of geriatric health, developed by Dr. Gallo's sponsor, Dr. Mary Tinetti, which posits declines in the health of older people as a multifactorial process, determined by both predisposition and precipitating, or situational, events, such as involuntary job loss. The proposed research will investigate the role of involuntary job loss as a precipitating event for adverse changes in physical functioning and depressive symptoms, and the onset of myocardial infarction and stroke among predisposed older workers; and will identify the subgroup(s) of older persons who are particularly vulnerable to these outcomes in the setting of job loss. Identifying vulnerable subgroups is a necessary step in designing targeted interventions to prevent declines in health following job loss. The research is based on data from five waves of the Health Retirement Survey (HRS), a NIA-funded, nationally representative sample of older adults in the United States. The estimated analytic sample for this research will include approximately 4,990 individuals, nearly 500 of which experience involuntary job loss.

**Grant:** 5K01AG020232-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** JERVIS, LORI L PHD  
**Title:** Native Elders, Dementia and Family Caregiving  
**Institution:** UNIVERSITY OF COLORADO HLTH Aurora, CO  
SCIENCES CTR  
**Project Period:** 2001/09/30-2006/08/31

DESCRIPTION (provided by applicant): Very little is known about the impact of dementia on American Indians, despite dramatic increases over the past 50 years in this population's life expectancy. The goal of this Mentored Career Development Award (K01) is to provide the applicant with the skills and knowledge necessary to develop an independent program of research in the area of the evaluation and management of dementia among American Indians. As such, this proposal has three specific career development goals: 1) to better understand the cultural expression and management of dementia as it is experienced in Native communities, 2) to develop proficiency in the detection and assessment of dementia among Native elders, and 3) to cultivate expertise in the area of informal care giving for American Indians with dementia. The research project associated with this career development award constitutes a seminal effort to investigate dementia in a Native community. Specifically, the aims of this research are 1) to explore the cultural phenomenology of cognitive impairment within an American Indian community, 2) to test the acceptability and validity of a culturally modified dementia evaluation among Native elders, and 3) to examine family caregiving for persons with dementia, both its burdens and gratifications. To accomplish these aims, interviews will be conducted with 150 elderly clients of a senior nutrition program on a Northern Plains reservation. These interviews include a culturally modified dementia evaluation, as well as open-ended questions that explore the experience of aging, impairment, and being cared for in a reservation community. In addition, 30 family caregivers to elders representing a range of scores on the dementia evaluation will be interviewed about the challenges and gratifications of providing care to disabled elders. This research will yield valuable information about the cultural formulation, expression, and management of dementia in a Native community, knowledge that is crucial to efforts to determine dementia prevalence and to develop services for cognitively impaired Native elders and their family caregivers.



**Grant:** 1K01AG020561-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LEVY-STORMS, LENE PHD  
**Title:** Therapeutic communication during nursing home care  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2003/07/01-2008/06/30

DESCRIPTION (provided by applicant): The purpose of this NIA Career Development Award (CDA) is to develop my substantive and methodological expertise in research on the therapeutic quality of communication between certified nursing aides (CNAs) and residents during activities of daily living (ADL) care (e.g., feeding assistance) in NHs. The proposed CDA will provide me with interdisciplinary training in the following three areas: 1) theory and measurement of therapeutic verbal and non-verbal communication, which will expand my health communication skills to clinical settings; 2) observational and experimental methods in long-term care settings (i.e., nursing homes), which will complement my experience with program evaluation in community settings; and 3) quality assessment in long-term care. This latter area will supplement my background in statistics and enable me to learn principles of measurement. Specifically, this CDA proposal will enable me to pursue my short-term career goal of developing measures of verbal and non-verbal communication between CNAs and residents in nursing homes during feeding assistance to identify problem behaviors and to assess if they can be improved. The observation and interview protocols will include: 1) an audio-video protocol for recording communication between CNAs and residents; 2) a resident interview protocol for assessing whether residents want changes in the way CNAs care for them during feeding assistance; and 3) a CNA interview protocol to assess barriers to therapeutic communication during feeding assistance. This CDA proposal incorporates a combination of formal coursework and tutorials with academic mentors and sponsors to provide me with the requisite theory and measurement skills to achieve my career goals. Dr. John Schnelle, a behavioral psychologist and expert in designing and implementing interventions in nursing homes, will serve as my primary sponsor and mentor. Four professors will serve as co-sponsors: Dr. Gwen van Servellen, a professor of nursing and expert in therapeutic communication; Dr. James Lubben, a professor of social work and expert in social support and the development of psychometric scales for older adults; Dr. Ronald Hays, a professor of medicine in health services research and expert in the measurement of patient satisfaction and health-related quality of life research; and Dr. John Heritage, a professor of sociology and expert in conversation analyses of physician-patient communication. As part of the candidate's long-term career goals, the candidate will develop communication interventions for CNAs during feeding assistance and other ADL care processes (e.g., dressing, getting in and out of bed) and evaluate them. Thus, the CDA training would be central to the applicant's ability to develop as an independent, behavioral scientist with a specialty in provider-patient communication among older adults in long-term care settings.

**Grant:** 5K01AG000994-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LOCHER, JULIE L PHD  
**Title:** Eating Behaviors in Homebound Older Adults  
**Institution:** UNIVERSITY OF ALABAMA AT BIRMINGHAM, AL  
BIRMINGHAM  
**Project Period:** 2001/09/15-2006/08/31

DESCRIPTION (provided by applicant): The purpose of this Mentored Research Scientist Development Award (K01) is to provide the candidate, a newly graduated medical sociologist, with additional training and research experience that will enable her to pursue an academic career in aging with a focus on eating behaviors in homebound older adults. In order to fully understand and investigate the many factors that influence eating behaviors and health outcomes, and to design appropriate interventions to improve nutritional status in frail, homebound older adults, the candidate will need to acquire specialized knowledge and skills. She proposes a career development plan that consists of coursework, training, and research experiences with a mentoring/ consulting team of senior faculty and external mentors with expertise in the areas of nutrition, public health, and advanced statistics. The research program consists of a pilot study using a longitudinal design with consecutive waves of data collection. The first goal of the study is to examine the maintenance or modification of eating behaviors in older homebound adults who are experiencing an acute illness or chronic medical conditions, and factors associated with the maintenance or modification of those eating behaviors. The second goal of the study is to examine the direct and mediating effects of these eating behaviors on nutrition-related patient-based health outcomes. This research focuses on self-care eating behaviors adopted by frail older persons who are homebound because of acute or chronic health conditions, the stability and change of these behaviors over time, and the impact of these eating behaviors on health outcomes. This study will provide information that can be used to develop interventions and the preliminary data needed to design a larger-scale clinical intervention trial to test the effects of these interventions for improving the nutritional health of older homebound adults.

**Grant:** 5K01AG000977-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MITRANI, VICTORIA B PHD  
**Title:** FAMILY RISK & PROTECTIVE FACTORS FOR DEMENTIA CAREGIVERS  
**Institution:** UNIVERSITY OF MIAMI-MEDICAL Coral Gables, FL  
**Project Period:** 2000/03/15-2005/01/31

DESCRIPTION (adapted from the application): The objective of this MRSDAA is for Dr. Victoria Mitrani, an Hispanic woman, to develop a career as an independent behavioral scientist in dementia caregiving research with aging families. This award would free Dr. Mitrani from most of her clinical and administrative duties and permit her to: (1) conduct a research study to develop a measurement model for family risk/protective factors for dementia caregivers, and test the usefulness of this model in predicting caregiver distress; and (2) develop the requisite skills to become an independent behavioral scientist. The proposed research capitalizes on a large-scale (N=216 families) longitudinal (four time points) data set collected as part of a family-based intervention trial to prevent and alleviate distress in European American and Cuban American dementia caregivers. Considerable clinical experience with the subject sample suggests that, family interactional functioning, including specific patterns of family interaction, e.g., developmental adjustment, caregiving leadership, and conflict management, place dementia caregivers at increased risk for or protect them from distress, e.g, burden, depression, and anxiety. A two stage study is proposed. Stage one develops a measurement model for family interactional functioning and examines its relationship to caregiver distress in a cross- section design. Stage two uses the longitudinal data to establish the malleability of family interactional functioning, and examine the relationship between changes in family interactional functioning and changes in caregiver distress. Findings from this study will shed light on potentially important, yet hitherto unstudied, family interactional risk/protective factors for caregiver distress. These findings will be used to generate theory-driven, culturally informed family interventions that are tailored for dementia caregivers, and will form the basis for an independent (RO1) application. The proposed career development plan includes a program of study organized around mentoring from senior scientists in the fields of aging and family intervention research, and formal courses. The UM s Center for Family Studies (CFS) and Center for Adult Development and Aging (CADA) provide an ideal setting for the proposed plan. The plan will allow the candidate to bridge the fields of family intervention science and dementia caregiving, two areas of research that have not been sufficiently integrated.

**Grant:** 5K01AG001026-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SIMMONS, SANDRA F PHD  
**Title:** Staffing Costs and Behavioral Nutritional Interventions  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2001/09/01-2006/08/31

DESCRIPTION (provided by applicant): The purpose of this NIA Career Development Award (CDA) application is to provide the investigator with the knowledge, analytical skills, and preliminary database to delineate the nursing home (NH) staff resources necessary to implement behavioral and environmental interventions to improve nutritional intake in NH residents. The proposed CDA will allow the investigator to receive training in three primary areas, each of which compliments her existing knowledge: (1) undernutrition in older adults, which will compliment her existing expertise in the health and associated quality-of-life issues facing the NH population; (2) cost analysis, and (3) operations-research modeling, both of which compliment her existing knowledge in research methodology and statistical analysis. This CDA application is designed to provide the investigator with the necessary knowledge and analytical skills to pursue her immediate career goal of refining and validating three methodological tools related to the development of behavioral and environmental interventions to improve nutritional status among NH residents: (1) a mealtime preference-satisfaction interview; (2) a nutritional assessment instrument to identify behavioral and environmental determinants of food intake; and (3) an evaluation tool to examine residents responsiveness to a behavioral and environmental intervention to improve intake and to assess the staff time required to implement the evaluation. The proposed CDA program of training incorporates formal coursework and individualized tutorials to provide the investigator with the requisite knowledge and skills to accomplish her immediate career goals. Dr. David Reuben, a geriatrician and expert in nutritional issues among older adults, will serve as the investigator's sponsor and primary mentor. [Dr. Gail Harrison, a nutritionist and expert in nutritional assessment issues, will serve as a mentor in the development of the nutritional assessment tools.] [Dr. John Schnelle, a behavioral psychologist and expert in applied research, will serve as her mentor for the development, implementation, and evaluation of behavioral and environmental interventions in the NH setting. [Dr. Shan Cretin, a senior operations-research scientist at RAND,] will be her mentor in operations-research modeling, which will be used to project the NH staff resources necessary to implement the interventions; while, Dr. Emmett Keeler, a senior statistician at RAND, will provide training in cost analysis related to the interventions and the necessary staff resources. Such training will permit the investigator to pursue her long-term career goal of developing behavioral and environmental interventions to improve quality of life among the institutionalized elderly and determine the NH staff resources and the associated costs necessary to implement such interventions in the NH setting. Thus, the proposed CDA training would be central to the investigator's ability to develop as an independent scientist within her chosen area of gerontological research.

**Grant:** 1K01AG022072-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SORENSEN, SILVIA PHD  
**Title:** Preparation for Future Care in Older Adults  
**Institution:** UNIVERSITY OF ROCHESTER ROCHESTER, NY  
**Project Period:** 2003/07/01-2008/06/30

DESCRIPTION (provided by applicant): This K01 Award will allow the candidate to deepen and expand her research on Preparation for Future Care (PFC) in older adults. PFC is defined as thoughts and actions involved when individuals formulate explicit plans for where, when, how, and from whom they will receive care if they become frail. More than 50% of older adults have no concrete plans for care, and 20% actively avoid any planning. For many, crisis care decisions lead to inappropriate care arrangements, including health care over-or-under-utilization, and premature death. Given the aging of the population, failure or inability to prepare for future care presents a problem for public policy and public health. The proposed program of research will lay the foundation for designing and implementing studies that will inform clinical and policy-based interventions to enhance PFC in the older population. The research plan is designed to initiate a program of systematic research on PFC by (1) describing the natural course of PFC in older adults at greater than average risk for care needs, (2) investigating four antecedents of PFC: Personality, Cognitive Functioning and Impairment, Depression, and Medical Illness, (3) examining the consequences of PFC over time with regard to Subjective Well-being, Functional Status, and Health Care Utilization. Data will be collected as part of an ancillary study to a NIA-funded longitudinal investigation of first-degree relatives of Alzheimer's patients (ADAPT). In addition, secondary data analyses will be performed in an ongoing NIH-funded study of depression in primary care patients (DOS), and HCFA's Medicare Current Beneficiaries data, in order to assess the antecedents and consequences of PFC. The educational plan includes (1) Tutorials and consultation to increase the candidate's knowledge of Personality, Cognitive Functioning and impairment, Depression, Medical Illness and Functional Status, (2) academic coursework and mentored research experiences to develop her skills in assessment and analysis of health care utilization, (3) coursework and research experiences to teach her advanced statistical methods for longitudinal analysis. The Candidate will combine perspectives from life-span development, epidemiology, health services, and late life psychopathology to develop PFC as a vibrant, multidisciplinary field of scientific inquiry with the potential to influence public health and public policy.

**Grant:** 5K02AG020113-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FRIED, TERRI R. BA  
**Title:** Treatment goals at the end of life  
**Institution:** YALE UNIVERSITY NEW HAVEN, CT  
**Project Period:** 2002/02/15-2007/01/31

DESCRIPTION (provided by applicant): A geriatrician with both quantitative and qualitative research skills, Dr. Fried is poised to consolidate her career as an independent investigator. The K02, described as a time-off clinical duties award, would permit her to avoid the additional clinical responsibilities she would otherwise be expected to assume as her early career development awards end. Her research program is focused on the elicitation of older persons preferences for different intensities and sites of in care and on the outcomes of these alternative care strategies. It began with projects examining attitudes toward life-sustaining treatment and advance directives, and outcomes of pneumonia in nursing home residents treated with and without hospital transfer. Additional studies have examined the use of and older persons attitudes toward home as a treatment site in acute and terminal illness. Recent work has focused on older persons treatment preferences in serious and terminal illness. Results of this work include reliable and valid new patient-centered measures of treatment preference and the development of a unique cohort of seriously ill older outpatients. Building upon this earlier work, the overall objective of the proposed study is to examine changes in the preferences of both patients and their families across a spectrum of diseases. The primary aim is to determine the effect of primary diagnosis, health status, and healthcare utilization on the preferences of patients and their families. The study will involve 226 terminally ill older persons and a family member. They will be interviewed in their homes every four months if medically stable, and as frequently as every month if the illness is progressing. The relationship of disease diagnosis, health status (functional status, symptoms, self-rated health), healthcare utilization, and understanding of the illness prognosis to preferences will be examined using longitudinal repeated measures analysis. Dr. Fried s research program also consists of additional cohort studies examining communication, symptoms, and function in this study group and intervention studies to enhance physician-patient communication. With colleagues skilled in patient-centered research, extensive data management and analysis support, and senior faculty and administration committed to Dr. Fried s continued success, Yale offers the resources necessary to ensure Dr. Fried s continued development as an independent investigator.

**Grant:** 5K02AG000970-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ZIMMERMAN, SHERYL I PHD  
**Title:** Quality Assisted Living For The Elderly  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2002/03/15-2007/02/28

DESCRIPTION (provided by applicant): Nearly three million older persons are housed in long-term care (LTC) settings. Until recently, most resided in nursing homes (NHs), but residential care/assisted living (RC/AL) facilities have been proliferating as alternatives to NH care. RC/AL facilities are extremely varied, ranging from small board and care homes to large complexes. The residents they serve also are diverse, and many resemble persons in NHs, including elderly with Alzheimer's Disease and related dementias. Despite the prevalence of RC/AL, research data in this area are sparse. The principal investigator has conducted statewide studies of NH care, and is currently conducting the largest study of the structure and process of care across RC/AL facilities, with the aim of identifying facility characteristics that relate to resident outcomes. Her involvement in these projects focusing on the quality of life and quality of care in NHs and RC/AL settings position her to undertake the aims of the proposed project. The focus of the proposed research is on three areas that are especially relevant in this evolving field: (1) the relationship between RC/AL quality of care and regulation; (2) health care utilization and cost in RC/AL compared to NHs; and (3) the implementation and evaluation of LTC policy using an outcomes-based perspective. This independent scientist application outlines three sets of activities to enhance the candidate's ability to make scholarly contributions to the field of RC/AL: working with national policy and RC/AL experts to compare facility characteristics that relate to outcomes to those addressed in existing regulations, culminating in manuscripts and the development of a demonstration project; working with health policy and LTC experts and receiving additional training toward the development of manuscripts and a application to use Medicare data to better understand issues of utilization and cost across RC/AL and NHs; and working with state regulators and health services research and policy experts to develop measures and protocols to monitor the implementation and outcomes of new LTC policies. Overall, the principal investigator's ultimate objective is to improve the quality of LTC for our nation's elderly.

**Grant:** 5K07AG000998-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GITLIN, LAURA N MA  
**Title:** RESEARCH PROGRAM TO PROMOTE OPTIMAL AGING IN PLACE  
**Institution:** THOMAS JEFFERSON UNIVERSITY PHILADELPHIA, PA  
**Project Period:** 2000/05/01-2005/04/30

This is an application for a Geriatric Academic Career Leadership award (K07) submitted to the National Institute on Aging. The applicant, Dr. Laura N. Gitlin, seeks funding to advance the research and training capacity in aging of the newly formed Senior Health Institute of Thomas Jefferson University (TJU) and the Jefferson Health System (JHS). The Senior Health Institute (SHI) represents the integration of an academic institution with a large health system in the Philadelphia region. It involves individuals from TJU and JHS with a long-standing commitment to geriatrics and gerontology and strong track records for funded research. However, an infrastructure to coordinate and advance aging research and education activities across departments and institutions is lacking. With this award Dr. Gitlin seeks to enhance and integrate the capacity of the SHI for multidisciplinary social, behavioral, clinical and biological research; advance a program of research on community and home-based interventions; and expand and integrate academic training in aging for medical, nursing, occupational therapy, and physical therapy students, and geriatric fellows. A central focus of the proposed research program is on independent living and includes topics related to functional performance and its measurement, physical and psychological consequences of age-related illness and disability, and innovative health and human service interventions for successful aging in place among diverse populations. To achieve these goals, five specific aims will be pursued: 1) build an infrastructure that links TJU and JHS researchers in aging and establishes system-wide mechanisms to support research; 2) implement a "research to practice" program that guides formation of research questions relevant to intervention research on independent living, 3) expand the capacity to conduct intervention research on community and home care issues; 4) expand undergraduate and graduate education for health professional students to include certificate training; and 5) integrated and enhance training of geriatric fellows in intervention research. To accomplish these objectives, a set of integrated activities is planned that includes developing a web page and newsletter; forming multidisciplinary research teams on topics related to independent living; conducting a needs assessment of research and outcome needs of community-based service programs; developing guidelines for accessing community populations; providing pilot research and mentorship experiences; conducting continuing education and faculty development workshops; and developing a seminar series on intervention methodology. It is anticipated that at the conclusion of the grant program the SHI will have an active research program that is multidisciplinary, nationally recognized, and addresses critical issues in independent living.



**Grant:** 5K07AG000830-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** JOHNSON, JERRY C MD  
**Title:** UNIVERSITY OF PENNSYLVANIA LONG TERM CARE NETWORK  
**Institution:** UNIVERSITY OF PENNSYLVANIA PHILADELPHIA, PA  
**Project Period:** 1998/04/01-2004/03/31

The leadership award is designed to improve an institution's curricula and enhance the research capacity in Geriatrics. Accordingly, this proposal describes the creation of a network of academic long-term care institutions, joined with the University of Pennsylvania's IOA to collectively enhance their research and education capacity. We will engage experienced researchers within the University to bolster the interdisciplinary collaborations and promote age-related research in multiple long-term care settings. In this proposal, "long-term care setting" refers to any setting whereby a spectrum of services may be provided to persons with illnesses that affect their ability to care for themselves, including the home, adult day care, partial hospital programs, assisted living, personal care settings, nursing homes or life care communities. Moreover this project will incorporate all such settings, with nursing homes making up the largest numbers. In creating this ALTCN, we will 1) develop an infrastructure to facilitate age- related research in long-term care settings; 2) provide an environment to foster an interest in age-related research among young investigators and students; 3) expand available data sets for long-term care research; 4) develop mechanisms to resolve obstacles to long-term care research; 5) promote new age-related research among the researchers of the IOA and 6) disseminate long-term care research.

**Grant:** 5K07AG000921-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MAGAI, CAROL L PHD  
**Title:** CAREER LEADERSHIP AWARD IN ETHNOGERONTOLOGY  
**Institution:** LONG ISLAND UNIVERSITY BROOKLYN BROOKVILLE, NY  
CAMPUS  
**Project Period:** 1999/09/30-2004/08/31

**Goals:** The three overarching objectives of this NIA Academic Career Leadership Award, are to 1) expand the candidate's background in health and aging research, 2) develop a strong research base in ethnogerontology at Long Island University and SUNY Health Science Center, Brooklyn (SUNY HSCB), and 3) establish a vigorous research training environment for ethnogerontology. **Candidate and Environment:** The PI, who has a background in physiological psychology and lifespan developmental psychology is Professor of Psychology and Director of the Center for Studies of Ethnicity and Human Development at the Brooklyn campus of Long Island University. Her immediate goal is to strengthen her own background in health and aging research and that of several core colleagues, and her long-term goal is to make the Brooklyn campus of LIU a leading center for graduate and postgraduate study in ethnogerontology. The Brooklyn campus, which is a minority institution with over 55 percent underrepresented minority students, is located in one of the most ethnically diverse communities in the United States. SUNY Health Science Center is the largest medical school in New York State, offers complementary strengths, and is also centrally located in Brooklyn. **Research Program:** This 5-year, interdisciplinary and dual-campus program contains the following more specific aims. Over the course of the training grant we expect to a) promote the development of collaborative research initiatives among a set of core interdisciplinary faculty at LIU and SUNY HSCB, b) develop at least two dual-site, multidisciplinary proposals for federal funding, c) mentor 4-6 especially promising junior faculty to conduct pilot studies and submit grant applications, d) to prepare 8 minority Master's level students to enter doctoral programs in aging, and e) provide at least 60 health care workers in the Brooklyn community with education in state-of-the-art health care delivery in a multi-ethnic context. Two waves of junior faculty and Masters students from LIU and SUNY HSCB will be recruited for research preceptorships. A core group of senior research faculty will serve as mentors. The area of research to be cultivated in this program revolves around social and behavioral aspects of aging related to health and health behaviors, in particular, emotion regulation and social networks.

**Grant:** 5K07AG000923-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SCHULZ, RICHARD PHD PSYCH ASPECT:SOC  
PSYCH/ASPECTS-UNSPEC  
**Title:** PITTSBURGH NIA ACADEMIC CAREER LEADERSHIP AWARD  
**Institution:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH, PA  
PITTSBURGH  
**Project Period:** 1999/07/01-2004/06/30

This is an Academic Career Leadership Award application (K07) submitted to the National Institute on Aging (NIA). The applicant, Dr. Richard Schulz, and the supporting institution, the University of Pittsburgh, have not been prior recipients of an NIA Leadership award. The University of Pittsburgh has an established track record of funding in research on aging. Thus, the goals of this application are to integrate and enhance existing programs of aging research and training and to develop two substantially new research areas. Six specific aims will be pursued which will increase the research potential and academic capacity for the study of aging within the University. The two new research areas to be developed are to (a) establish an outcomes research and clinical services research bridge program that will provide guidance for the development and evaluation of the University of Pittsburgh Medical Center Health System (UPMC-HS) geriatric clinical services programs and enable academic health researchers to carry out state-of-the-art geriatric health services research, and (b) build our capacity to carry out social, behavioral, and clinical services intervention research. Program enhancement goals include (a) the coordination of multidisciplinary research that cuts across departmental and school boundaries, (b) establishing a centralized capacity for subject recruitment and tracking and a centralized center for managing and archiving major longitudinal data bases generated by research programs at the University, (c) integrating pre- and post-doctoral aging research training programs, and (d) developing a comprehensive centralized plan for the future of undergraduate and graduate training. Implementing these aims will require the participation of and support from faculty and administrators from the University as well as the UPMC-HS. Methods to be followed, key faculty and administrators who will participate in this process, and specific outcomes associated with each of these aims are described in subsequent sections of this application.

**Grant:** 1K07AG021587-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SLOANE, PHILIP D  
**Title:** Preparing the Next Generation of Researchers in Aging  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL HILL, NC  
HILL  
**Project Period:** 2003/09/30-2008/08/31

DESCRIPTION (provided by applicant): Aspiring research scientists frequently fail to develop successful careers due to a lack of focus, insufficient mentoring, and inadequate opportunities for collaboration. The early faculty years are an especially vulnerable period, during which time they could benefit from the guidance of senior faculty, individually-tailored formal instruction, participation in established research programs, critique of works-in-progress, and opportunities for professional networking. The goal of this academic leadership career award (K07) is twofold: (1) to promote the successful development of junior faculty researchers in the health sciences disciplines whose work will shed new light on pressing issues related to the provision of health services to older persons with chronic illness and disability in community and long-term care settings, and, in doing so, (2) to enhance the capacity of the University of North Carolina at Chapel Hill (UNC-CH) to make significant research contributions in these areas. The proposed project will be housed in the Program on Aging, Disability and Long-Term Care of the Cecil G. Sheps Center for Health Services Research - the largest aging research program on campus, which conducts a range of interdisciplinary research and has a strong track record of mentoring. The project will be directed by Philip Sloane, MD, MPH, the program's co-director, who will devote one-quarter time to this effort. Sheryl Zimmerman, PhD, the program's other co-director, will donate ten percent time in areas relevant to her K02 on long-term care. Other program faculty and staff who will assist in this effort include a biostatistician, analyst, project manager, and research assistant. The project steering committee will include directors of aging-oriented programs, centers and institutes on campus. The proposed project will consist of an intensive mentoring and research career development program for four junior faculties per year (Faculty Fellows). Participants will be drawn from the disciplines of medicine, nursing, pharmacy, social work, allied health, dentistry, and public health. Each participant's sponsoring unit will guarantee a minimum of 40 % dedicated research time. Participants will engage in a structured program consisting of: a) career mentoring; b) intensive research mentoring; c) availability of subject cohorts for use in pilot and preliminary studies; d) a monthly seminar series on critical methodological and funding issues in aging; e) biweekly discussions of works-in-progress; f) required research presentations and proposals; and g) a \$4,000 annual allowance for networking, professional travel, and research development. Candidate selection will assign priority to traditionally underrepresented minorities, women, and physician-scientists. Fellows will transition out of the program upon obtaining significant independent funding through a research career award, R01, or major foundation research grant. Project success on both individual and programmatic levels will be measured by academic accomplishments of current and former Faculty Fellows. Institutional mechanisms are in place to provide ongoing support for this model of mentoring, if successful, and they will be pursued as a partnership between the Candidate, the Sheps Center, and the University's Vice Chancellor for Research and Graduate Studies.

**Grant:** 1K08AG021921-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BARNATO, AMBER E MD  
**Title:** Hospital-level Variation in Treatment Intensity  
**Institution:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH, PA  
PITTSBURGH  
**Project Period:** 2003/06/01-2008/05/31

**DESCRIPTION** (provided by applicant): The purpose of this proposal is to provide Dr. Amber Barnato with the means and structure to transition to an independent investigator. The candidate is a new Assistant Professor at the University of Pittsburgh with fellowship training in health services research. Her long-term career goal is to conduct and disseminate research that informs Medicare financing policy and the delivery of health care to older Americans, motivated by the coincident rise in technological capabilities of health care and the expected doubling of the population over age 65 by 2030. In the context of this career award application, which contains a well-defined curriculum in quantitative and qualitative methods and has the institutional support of a highly successful Division of General Internal Medicine and the commitment of practiced mentors Drs. Derek Angus and Judith Lave, the candidate will study hospital-level variation in treatment intensity at the end of life. Regional analyses demonstrate that elders in Miami spend twice as much on health care in the last 6 months of life as those in Minneapolis and are 4 times more likely to be admitted to an ICU during that period, without any measurable outcome benefit. Studying hospitals, rather than regions, may be more informative since they are where clinical decisions are actually made and most likely to be influenced. Yet there is very little hospital-level research on end-of-life care, and that which exists is limited by focusing only on patients who have been retrospectively identified as decedents, having data on too few hospitals to be more generalizable, or focusing only on patients already admitted to an ICU. Using a single state with uniform regulatory and reimbursement structures and an unusually clinically-rich hospital discharge database, this study will: 1) Measure hospital-level rates of ICU admission and intensive procedure use in Pennsylvania; 2) Identify the hospital-level correlates of intensive treatment at the end of life; and 3) Determine the effects on survival and inpatient costs of varying hospital treatment intensity. This is a secondary database analysis augmented by primary data collection at the hospital level. This research may help to identify policy-relevant organizational factors that can be influenced to improve the care of older Americans at the end of life. This award will facilitate the candidate's transition to an independent health services researcher will lead to future funded studies and quality-improvement activities in Pennsylvania hospitals.

**Grant:** 5K08AG020145-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FITCHETT, GEORGE PHD  
**Title:** The Role of Daily Spirituality in the Disease Process  
**Institution:** RUSH-PRESBYTERIAN-ST LUKES MEDICAL CHICAGO, IL  
CTR  
**Project Period:** 2002/09/01-2007/08/31

DESCRIPTION (provided by applicant): This application is for a five year period during which I will devote 75% of my time annually to the educational and research activities described in this proposal. Education: Two types of educational activities are proposed. The first will be earning a Ph.D. degree with a concentration in Epidemiology and Biostatistics from the School of Public Health at the University of Illinois at Chicago. The course work for the degree will be concentrated in the first 2 years of the award, but will continue throughout the award. Course work in the ethics of research will be included. The second type of educational activity will be consultation with my mentor, co-mentor, and other consultants as I pursue 3 specific research projects. This research activity will be concentrated in the last 3 years of the award. Research: The 3 research projects proposed here are designed to answer 2 questions. First, do daily spiritual experiences, such as awe and gratitude, affect health? Second, where in the disease process do these spiritual experiences exert their effect? By employing 3 different endpoints, the projects proposed here will permit us to examine three different ways in which spiritual experiences may exert an effect on the disease process: by reducing CV risk factors, by diminishing subclinical disease, or by reducing disability. We propose to answer these two questions by examining the relationship between spirituality and health in two large, heterogeneous, community-based studies, the Study of Women's Health Across the Nation (SWAN), and the Chicago Health and Aging Project (CHAP). Environment: Rush-Presbyterian-St. Luke's Medical Center has an extensive research program in many departments. The persons who have agreed to be my mentors are Rush investigators with nationally recognized expertise in longitudinal studies of health in middle age and older adults. Goals: My goal is to develop the skills to independently conduct high quality research that furthers our understanding of the role of religion and spirituality in both maintaining health and coping with illness. In addition, I would like to help health professionals translate information from this research into more effective clinical care and provide education in research about religion/spirituality and health for other health professionals.

**Grant:** 5K08AG019516-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** RIGLER, SALLY MD  
**Title:** Urban-Rural Sedative & Anxiolytic Use in Long Term Care  
**Institution:** UNIVERSITY OF KANSAS MEDICAL CENTER KANSAS CITY, KS  
**Project Period:** 2001/09/15-2006/08/31

**DESCRIPTION:** (Applicant s abstract) Sally K. Rigler, MD, is an academic geriatrician whose clinical experience in long-term care (LTC) led to a strong research interest in prescribing patterns for nursing facility residents. This proposal provides support for formal coursework and implementation of two mentored research projects using quantitative and qualitative methods to address the prescribing of inappropriate benzodiazepine and sedative-hypnotics (Benz/Sed) medications in nursing facilities, with particular focus on potential urban-rural differences. Two interrelated perspectives will ground this work: 1 ) examination of large-scale prescribing trends from 1992-98, using the Kansas Minimum Data Set (MDS), of Benz/Sed drugs; and 2) qualitative evaluation of prescribers beliefs about what factors are influential in LTC when making prescribing decisions regarding these medications. Both approaches will examine urban-rural differences. Career Development Plan: The candidate will undertake coursework in quantitative and qualitative methods, along with research conferences, junior faculty writers' group meetings, and other formal mentoring activities under the primary Sponsorship of Dr. Stephanie Studenski, Director of the Center on Aging, University of Kansas Medical Center. Research Program: a) Quantitative Project (emphasized Years 1 - 2): The applicant's previous experience with Kansas MDS data is outlined in the proposal; she is aware of its limitations and opportunities. She will investigate use of Benz/Sed medications in Kansas nursing home residents, with special emphasis on those deemed inappropriate for older adults. Urban-rural and time effects will be examined; the 1992-98 data provide information about prescribing patterns prior to recent regulatory changes in the nursing home survey process. Dr. A. Kramer, a senior-level investigator with expertise in secondary data, will serve as Co-sponsor for the quantitative project. b) Qualitative Project (emphasized Years 3 - 5): The candidate will gain new research skills in qualitative methods under the guidance of Dr. D. Stull, Professor of Anthropology, Univ. of Kansas, Lawrence campus. The initial qualitative work will use prescriber focus groups and interviews of consultant pharmacists and directors of nursing, to broadly capture themes about what factors influence prescribing decisions in LTC, emphasizing decisions about Benz/Sed drugs. Potential urban-rural differences will be examined. Further detailed interviews with physician and nurse practitioner prescribers will take place, using insights gained during initial focus groups. Finally, a survey tool will be developed based on these results, followed by modification and validation in preparation for a future broader survey of LTC prescribers. The candidate's goal is to become an independent investigator in the area of prescribing influences in LTC, for the ultimate purpose of developing, implementing, and evaluating targeted interventions to improve prescribing for nursing facility residents.

**Grant:** 5K23AG001033-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** DAALEMAN, TIMOTHY P DO  
**Title:** Challenging Life Events in Older Persons  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2001/09/30-2006/08/31

DESCRIPTION (provided by applicant): Timothy P. Daaleman, DO, is a family physician researcher with expertise in examining the influence of religious and spiritual variables in healthcare settings. This application will provide a period of mentored training comprised of: a research practicum within the Center on Aging at the University of Kansas Medical Center (KUMC); coursework in the Masters in Public Health (MPH) program and at the University of Kansas in Lawrence; and a research project to test a theoretical model of the relationship between spirituality and patient conceptualization of death and dying in a population of community-dwelling elders with serious illness. The plan outlines the training and research experience he will require, in order to develop and launch a fully independent research career that will focus on understanding and improving the dying process and end-of-life care among elders in the United States. Career Development Plan: Course work from MPH program forms the core portion of the didactic training period and will be complimented by practical training in study design, subject recruitment, data collection and analysis, and project management within the KUMC Center on Aging. Research Program: The SUPPORT trial not only awakened American medicine to reexamine the way it cares for seriously ill and dying patients, but also has indirectly promoted a rapprochement among the realms of spirituality, religion, and the practice of medicine. An understanding of the psychological, social, cultural, and now spiritual elements and processes that are involved in the composition of death and dying attitudes holds promise in comprehending and potentially improving the difficult transition that older patients make from serious illness to dying. The overall objective of this research project is to describe and understand the determinants of elders attitudes toward serious illness, death, the dying process, and discussions of advance care planning. Both rural and urban primary care physicians (N=10) who have been members of the Kansas Hartford Geriatric Project, and older community-dwelling patients with serious illness from their practices (N=270), will participate in three phases of the study: a cross-sectional survey, a prospective, longitudinal cohort study, and qualitative semi-structured interviews. The primary aim is to determine the social, psychological, spiritual, and cultural influences that comprise attitudes towards death and the dying process in older persons. Our hypothesis is that patient spirituality is a significant explanatory factor in death attitudes after accounting for multiple covariates, i.e. social support, mental health status. Secondary aims include learning how a baseline measure of patient spirituality predicts future death attitudes and discussions of advance care planning.



**Grant:** 5K23AG019809-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HINTON, WALTER L MD  
**Title:** Dementia Caregiving: Burden and Help-Seeking in Latinos  
**Institution:** UNIVERSITY OF CALIFORNIA DAVIS DAVIS, CA  
**Project Period:** 2002/07/01-2007/06/30

**DESCRIPTION** (provided by applicant): The purpose of this Mentored Patient- Oriented Research Career Development Award is to further the growth of my research skills so that I can become an independent and productive researcher focused on reducing family caregiving burden and improving care for Latino elderly with dementia-related mental and behavioral disturbances. This Award builds directly on my training in medical anthropology, health services research, and geropsychiatry. The five-year plan for career development emphasizes four areas: 1) longitudinal quantitative methods and analysis, 2) qualitative methods and analysis, 3) cultural dimensions of Latino family caregiving, and 4) geropsychiatric aspects of dementia assessment and management. Five different learning modalities are emphasized: a) formal coursework, b) supervised reading tutorials, c) research colloquia and seminars, and d) on and off-site practical with mentors. The final and most important modality is supervised development and implementation of a longitudinal research project. The research project I propose is a three-year investigation that integrates qualitative and quantitative methods to assess burdens that family caregivers of elderly face and where they turn for help. This project's specific aims are a) to identify factors (e.g., disease characteristics, caregiver characteristics, illness meanings, social network features, accessibility Of the local health care system) that influence whether and where Latino families seek help for dementia neuropsychiatric symptoms, and b) to examine the mental health consequences (e.g., caregiver strain due to neuropsychiatric symptoms, depressive symptoms, cultural idioms of distress) of dementia neuropsychiatric symptoms on family caregivers. The learning goals and career development activities outlined in this revised application will equip me to be a successful and independent investigator in minority aging, a clinical expert in assessing dementia and in managing related mental and behavioral disturbances, and a mentor for the next generation of investigators.

**Grant:** 5K23AG000932-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KLAPOW, JOSHUA C PHD  
**Title:** REDUCING SERVICE USE IN OLDER PRIMARY CARE PATIENTS  
**Institution:** UNIVERSITY OF ALABAMA AT BIRMINGHAM, AL  
BIRMINGHAM  
**Project Period:** 1999/09/15-2004/08/31

Changes in the delivery of health care services for the elderly have it pertinent to establish a closer link between patient oriented research, the delivery of health care services and the development of health care delivery systems. Unfortunately, in the case of behavioral science, training in the development and delivery of clinical interventions for the elderly is not sufficient for competency in the development and evaluation of large primary health care delivery systems. The result is a wealth of behavioral science interventions that are never transitioned into primary health care delivery systems, and health care delivery systems that are often unable to adequately address the behavioral needs for elderly patients. This discontinuity between behavioral and medical care is highlighted in the mis- diagnosis and mismanagement of distress among the elderly in primary care. Psychological distress, in the absence of a psychiatric disorder is extremely prevalent among the elderly in primary care and accounts for a significant percentage of office visits, increased medical costs, and diminished health status and well being. Despite the prevalence and burden on the health care system, behavioral interventions are not a routine part of clinical care. A promising laboratory based written self-disclosure protocol has extensive evidence of reducing health care utilization, improving perceptions of health status and psychological well being in non health care seeking adults. The protocol has not, however, been integrated and evaluated in the geriatric primary care setting. The proposed study aims to evaluate the effectiveness of a self-disclose intervention in a randomized controlled trial in 195 elderly primary care patients enrolled in a managed care program. Primary outcome measures including service utilization and associated costs, health related quality of life, and distress, will be evaluated at baseline, 1 and 6 months post intervention. The proposed study is part of a 5-year career development plan consisting of course work and supervised research fieldwork focusing on the development and evaluation of health care delivery systems for the elderly. The proposed plan will provide the necessary training experiences to: 1. Function as an independent researcher developing and evaluating behavior science interventions to improve health status and reduce resource utilization in older primary care patients. 2. Obtain training experiences that will facilitate the integration of research findings into the development and evaluation of geriatric primary care delivery systems.

**Grant:** 5K23AG020054-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MITCHELL, SUSAN L MD  
**Title:** Tube-feeding in Elderly: Decision-making and Outcomes  
**Institution:** HEBREW REHABILITATION CENTER FOR BOSTON, MA  
AGED  
**Project Period:** 2001/09/30-2004/08/31

DESCRIPTION (provided by applicant): The goal of the proposed development program is to prepare the applicant, Susan L. Mitchell MD for a career as an independent investigator and leader in the field of aging. The award will provide five years of supervised geriatrics health services research with the following specific objectives: 1. to develop expertise in innovative approaches to decision-making for older persons at the end-of-life, 2. to become an expert in outcomes research and resource utilization related to the use medical technologies in frail nursing home patients, and 3. to utilize this expertise in decision-making, health outcomes, and resource utilization to improve the end-of-life care in older persons by influencing clinical management and health care policy. The candidate will achieve these goals through mentored research, coursework, directed readings and educational activities. Dr. Lewis A. Lipsitz, an international leader in geriatrics, Professor of Medicine at Harvard Medical School, Chief of Geriatrics at the Beth Israel Deaconess Medical Center (BIDMC) and Co-Director of the Hebrew Rehabilitation Center for Aged (HRCA) Research and Training Institute will serve as sponsor. Dr. Lipsitz will ensure that Dr. Mitchell will have full advantage of the rich environment of the HRCA, a reknowned center dedicated to gerontological care and research, as well as the Harvard Division on Aging, BIDMC and Harvard School of Public Health. The proposed research is a randomized trial of a feeding tube decision aid for nursing home residents with advanced dementia with a one year follow-up of clinical outcomes and costs. The specific aims of the project are to determine: 1. whether a decision-aid (vs. usual care) improves the decision-making process for long-term tube-feeding, 2. the impact of a decision aid on the substitute decision-makers preferences for tube-feeding, 3. the impact of long-term tube-feeding (vs. no tube-feeding) on clinical outcomes and resource utilization in nursing home residents with advanced dementia. In addition to the proposed project, Dr. Mitchell will achieve her career goals by regularly scheduled meeting with Dr. Lipsitz, as well as members of her advisory panel including; 1. Drs. A. O Connor and A. Mulley - decision-making, health policy, 2. Dr. J. Buchanan - economic evaluation, 3. Dr. M. Gillick - bioethics, 4. J. Weinberg ScD - advanced statiststical methods and 5. Dr. M. Slaven - end-of-life care. Her research activities will be complimented by focussed clinical, educational and administrative activities including the associate directorship of the Harvard Geriatrics Fellowship Program. By the end of the award period the applicant will have the skills, experience and research track record necessary to become an independent investigator and leader in academic geriatrics.

**Grant:** 5K23AG019745-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** OWNBY, RAYMOND L MD  
**Title:** Information Technologies to Improve Patient Adherence  
**Institution:** UNIVERSITY OF MIAMI-MEDICAL CORAL GABLES, FL  
**Project Period:** 2002/07/01-2007/06/30

**DESCRIPTION** (provided by applicant): This application requests five years of support for Raymond L. Ownby, MD, PhD, to pursue research and training in applied cognitive aging and human factors research as applied to patient-oriented research. Through mentoring by Sara J. Czaja, PhD, Dr. Ownby will not only develop expertise in applying skills in these areas to a critical problem (medication adherence in elderly patients with memory deficits) but will also create a center for evidence-based practice in geriatric mental health. The research study to be completed during the period of support will use two information technology interventions to improve patients' adherence with medication regimens. Based on a model of adherence to medical treatment developed by Park and Jones (1997), information interventions will target key points in the medication adherence process. Pilot research has suggested that this model is valid for use with the patient population of this study (elderly patients with memory problems who either have or are at risk for developing Alzheimer's disease). During the last two years of support, Dr. Ownby will develop a research proposal drawing on results of the research study to develop a large-scale multicenter clinical trial of information technology interventions for adherence in other geographical sites and with other patient populations. It is anticipated that this application will seek funding through the RO1 mechanism. The professional development program to be followed by Dr. Ownby comprises regular meetings with Dr. Czaja, work on the proposed research study, didactic coursework, workshops, and seminars in the areas of human factors, information technologies, statistics, research design, evidence-based practice, and the responsible conduct of research. Through regular meetings and research supervised by his mentor and regular meetings with co-mentors, Dr. Ownby will be able to integrate his professional experience as a clinical psychiatrist and neuropsychologist with didactic training in human factors and applied cognitive aging to create novel strategies to improve patient adherence, to develop a large-scale clinical trial of these strategies, and to apply principles of evidence-based practice to develop a Center for Evidence-Based Practice at the University of Miami. This center's mission will be to disseminate research findings in geriatric mental health through systematic reviews, meta-analyses, and treatment guidelines made available through traditional publication routes and the World Wide Web. The Center will foster new research in applications of information technologies to the mental health problems of the elderly and provide leadership and training in applying information to clinical practice. The professional development program will thus allow Dr. Ownby to develop expertise in creating information technology applications for use in healthcare with the elderly, provide him with key tools in designing and carrying out large-scale Clinical trials, and enable him to use results of research studies to guide clinical practice in geriatrics. The period of proposed support will thus allow Dr. Ownby to develop as a clinical researcher capable of carrying out patient-oriented research studies and give him additional tools in applied cognitive aging and human factors research, especially applications of emerging information.

**Grant:** 5K23AG001018-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PANTILAT, STEVEN Z MD  
**Title:** IMPROVING INPATIENT PALLIATIVE CARE FOR OLDER ADULTS  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO  
SAN FRANCISCO, CA  
**Project Period:** 2000/08/15-2005/07/31

**DESCRIPTION:** (From application) The applicant states that most elders in the US die in acute care hospitals where serious shortcomings in end-of-life care are endemic. Palliative care has made substantial improvements in the care of older Americans at the end of life, but these advances have been largely limited to the outpatient setting. The American Geriatrics Society (AGS) position statement on the care of dying patients outlines specific issues that should be addressed in palliative care, including relief of symptoms such as pain, dyspnea, and anxiety, as well as attention to the emotional, psychological and spiritual needs of the patient and family. The applicant has developed a novel approach to addressing the issues raised in the AGS position statement. This grant application has two complementary long-term goals: 1) to improve palliative care for hospitalized elders, and 2) to provide an experience for the applicant, leading him to a career as an independent investigator in aging by supporting an incremental research and training program. During the first three years of the proposed award, the applicant plans to conduct a clinical trial whose aim is to determine whether a multidisciplinary palliative care consultation will improve management of three critical symptoms (pain, dyspnea, and anxiety), advance care planning, and spiritual issues for seriously-ill, hospitalized older patients. The proposed program of palliative care consultation is based on a conceptual model of terminal illness in which biological, psychological, spiritual, and social factors lead to suffering and death. The proposed research will test the following five specific hypotheses: Compared with usual care, seriously ill, hospitalized older patients who receive a daily, multidisciplinary palliative care consultation will: 1) have lower pain scores; 2) have lower dyspnea scores; 3) have lower anxiety scores; 4) be more likely to have their choice of a surrogate decision-maker documented by the primary teams; 5) be more likely to have the offer of chaplain services documented by the primary team. This proposal incorporates mentored- research experience, tutorials, structured reading, and courses that will develop the applicant's research skills necessary to design and conduct clinical trials and other patient-based research. In addition, it is anticipated that the proposed research will develop the UCSF palliative care service into a unit for conducting clinical research focused on improving inpatient palliative care.

**Grant:** 1K23AG020982-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PHELAN, ELIZABETH A MD  
**Title:** Delivering Effective Primary Care to Older Adults  
**Institution:** UNIVERSITY OF WASHINGTON SEATTLE, WA  
**Project Period:** 2003/07/01-2008/06/30

DESCRIPTION (provided by applicant): Dr Phelan aims in the long-term to become a leader in improving the quality of health services, particularly primary care, for the elderly. Her research to date has combined her interests in health promotion, health care quality, and vulnerable populations and has involved survey methods and analyses of existing data. During the period of this K23 award, she will follow a program of research and training to ensure that she will possess both the skills and the experience to conduct patient oriented research as an independent investigator. Her research and training will be overseen by Dr Edward H. Wagner. Geriatric expertise and academic career guidance will be provided by Dr Itamar B. Abrass. Collaborators/advisors will include Drs Andrea Z. LaCroix and Eric B. Larson; James P. LoGerfo will serve as an advisor. Preserving function and independence is an important health outcome in the care of older adults. Individual (patient) risk factors for functional decline have been intensely studied, as have focused interventions for specific risk factors. However, little is known about the effects of provider practice or practice design features on the functional status of older adults. The proposed research will address these questions. The specific aims are: 1) to evaluate the effect of provider practice style on patient functional status and 2) to evaluate the feasibility and efficacy of integrating a geriatric care team into outpatient, primary care. The proposed projects will be led by the candidate under the supervision of her Sponsor, Dr Wagner. These investigations should contribute new insights into improving primary care of older adults in order to promote continued independent functioning. By permitting Dr Phelan to 1) obtain formal training in advanced epidemiologic and statistical techniques and 2) take a lead role in the conduct of a randomized trial of a new model of care for primary care settings, the Mentored Patient Oriented Research Career Development Award will enable her to meet her 5-year goal of achieving independent investigator status and move her toward her long-term, career goal described above.

**Grant:** 5K23AG000973-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** RODRIGUEZ, MICHAEL A. MD  
**Title:** ELDER ABUSE, ETHNICITY, AND HEALTHCARE SETTINGS  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2001/08/15-2006/07/31

DESCRIPTION (applicant s abstract): Dr. Michael Rodriguez, MD, MPH, has developed expertise in the area of intimate partner abuse among ethnically diverse populations. Through mentoring relationships, structured integrated activities, and development of a research program, Dr. Rodriguez will advance his independence in conducting patient-oriented clinical research. Elder mistreatment is a significant health and social problem affecting all racial, ethnic, and socioeconomic groups. Although cultural values influence attitudes about mistreatment, little research has focused on understanding mistreated elders'perspectives on mistreatment. Furthermore, identification and management of elder mistreatment in health care settings are impeded by the lack of effective, culturally appropriate screening tools. In focus groups with mistreated Latino, African-American, and non-Latino Caucasian elders, Dr. Rodriguez will examine perceptions of mistreatment and identify factors that facilitate or hinder patient-provider communication about mistreatment. Similarly, focus groups with cognitively impaired elders, care givers, health care providers, and adult protective services workers will examine their perspectives on the definition of elder mistreatment and factors facilitating its identification in health care settings. A survey instrument will be developed using results from focus groups, current literature, and expert advice, and will include screening questions, established measures of abuse and neglect, patient preferences for health care interventions, demographic, and descriptive data. The survey will be administered to an ethnically diverse, clinic-based sample of elderly patients, and resulting data will provide information on risk factors for elder mistreatment and the utility of the screening questions. The goals of this study are to: (1) examine mistreated elders'perspectives of mistreatment and the role of health care providers in addressing elder mistreatment; (2) examine care givers, health care providers, and adult protective service workers perspectives on mistreatment and how health care providers can help victims; (3) identify risk factors for elder mistreatment; and (4) begin development of a screening tool for use in health care settings.

**Grant:** 5K23AG019635-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** VIG, ELIZABETH K MD  
**Title:** Understanding and Implementing End of Life Preferences  
**Institution:** UNIVERSITY OF WASHINGTON SEATTLE, WA  
**Project Period:** 2002/07/01-2007/06/30

DESCRIPTION (provided by applicant): Dr Vig aims to become an academic geriatrician and a nationally known expert on quality of life at the end of life. She has made preliminary steps toward this goal by completing a Master's degree in Public Health, and by obtaining funding through a Pfizer/American Geriatrics Society Postdoctoral Fellowship to fund her initial research project. Her research to date has combined her interests in geriatrics, medical ethics, and the end of life. She has used qualitative and quantitative methods to better understand older adults' and terminally ill adults' views of the end of life. During the period of this K23 award, she aims to progress from a semi-independent to an independent investigator by following a program of research and training. Her career development and training will be overseen by Dr Robert Pearlman with additional assistance from Drs Itamar Abrass, and J Randall Curtis. The research and training program will take place at the University of Washington, which has rich resources and personnel to promote Dr Vig's career development. The proposed program will include 1) selective coursework in biostatistics and qualitative methodologies, 2) experience in evaluation of research proposals, and 3) experience in program evaluation. The proposed research aims to promote quality of life at the end of life by investigating the patient and family perspective on the use of advance care planning (ACP) and hospice services. Advance care planning and hospice allow patients to forgo aggressive care at the end of life. ACP identifies preferences that will direct care in the case of decisional incapacity, a common occurrence at the end of life. Hospice services implement patients' care preferences when death in the near future is anticipated. The first project will characterize how advance care planning influences decisions made in "real time" and how proxies respond to the task of surrogate decision-making. The second project will characterize patient and family understandings of hospice and identify the barriers from the patient/family perspective that prevent timely access to hospice services. Study participants will complete interviews containing open ended and closed-ended questions. Both qualitative and quantitative methodologies will be used to analyze participant responses. The long term goal of these two projects is to improve the quality of end-of-life care by promoting advance care planning and access to hospice services to people with life-limiting illness, their families, and loved ones.



**Grant:** 1K23AG020088-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WEINER, MICHAEL MD  
**Title:** Recommendations of Inpatient Geriatrics Consultation  
**Institution:** INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS, IN  
INDIANAPOLIS  
**Project Period:** 2003/07/01-2008/06/30

DESCRIPTION (provided by applicant): Michael Weiner, MD, MPH is a board-certified, fellowship-trained internist. As Assistant Professor in the Division of General Internal Medicine and Geriatrics in the Department of Medicine at Indiana University (IU) and Scientist in The Regenstrief Institute for Health Care (RIHC) and the IU Center for Aging Research (IUCAR), he now spends 70% of his professional time in research. He has an extensive background in information systems, and he has used large databases and studied the impact of information systems in healthcare. Dr. Weiner's 35 months on faculty have been successful because of his talents and training as well his rich environment. The IU School of Medicine Faculty care for a large population of older patients in a state-of-the-art clinical laboratory. Clement J McDonald, MD developed one of the world's largest and most comprehensive medical records systems on site. Christopher M. Callahan, MD is founding director of IUCAR, whose primary research themes are health promotion and the management of chronic conditions among older adults in primary care and community settings. Steven R. Counsell, MD is Director of Geriatrics at IU. Dr. Weiner seeks to pursue a research career focusing on improving coordination and quality of care for older adults. The goal of this proposal is to help Dr. Weiner bridge the gap between his early intramural support and eventual extramural funding as an independent faculty researcher. Dr. Callahan will be the primary mentor, and Drs. McDonald and Counsell will be the secondary mentors. Dr. Weiner will also pursue formal training in clinical geriatrics, quality of health care, behavior change, and clinical trials. Geriatrics consultants provide a team approach and coordination of many services for hospitalized older patients, but the consultants' effectiveness is limited by primary-care physicians' failures to adopt most recommendations. In the proposed study, we seek to measure and improve aspects of implementation of consultants' recommendations. The specific aims of this proposal are to conduct a prospective study of inpatient geriatrics consultation, to identify specific determinants of implementation; present findings and themes to focus groups of physicians and patients, to generate consensus on barriers to implementation and potential solutions to these barriers; and study the effectiveness of a pilot intervention to improve implementation of recommendations from the inpatient geriatrics team.

**Grant:** 1K24AG022399-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LACHS, MARK S MD  
**Title:** Mid Career Mentoring Award In Patient-Oriented Research  
**Institution:** WEILL MEDICAL COLLEGE OF CORNELL NEW YORK, NY  
UNIV  
**Project Period:** 2003/09/01-2008/07/31

DESCRIPTION (provided by applicant): This application proposes use of the NIA mid-career award in patient-oriented research to create and sustain a mentoring program for aspiring aging researchers at the Weill Medical College of Cornell University led by Dr. Mark Lachs. Dr. Lachs is a geriatrician and clinical epidemiologist with expertise in the areas of elder mistreatment, protective services, and functional status. He is also Directs the Cornell Center for Aging Research and Clinical Care (CCARCC), an institution wide entity seeded by an NIA Academic Leadership Award and formalized by the Dean in 2000. CCARCC's infrastructure will assist in identifying mentored trainees, provide additional resources to them (e.g., through its pilot grant program), and formally evaluate Dr. Lachs'K24 program through an external advisory committee led by Dr. William Hazzard. Two new patient-oriented research projects are proposed in the area of elder self-neglect (ESN). The specific aims of these are: (1) to estimate the contribution of executive dysfunction to self-care behaviors that may precede ESN, and (2) to determine if alcohol consumption is a risk factor for ESN. These studies hypothesize that ESN is a continuum of progressively more egregious low self-care states. ESN as chosen as a content area because (a) it is a multi-factorial syndrome likely to attract trainees with interests from diverse fields (e.g., geriatric medicine and psychiatry, neuropsychology, nutrition, alcohol, and medicaethics), (b) it is prevalent but studied despite substantial mortality and indignity, and (c) Cornell has an unusual depth of expertise (and potential mentees) in geriatric psychiatry in the form of the Cornell Geriatric Psychiatry Institute headed by George Alexopoulos. Preliminary data on depression and ESN are provided. Strengths of the candidate include his formal training in research methodology as an RWJ Clinical Scholar at Yale, his history of academic productivity and continuous NIH funding including an active RO1 in the area of crime and health in older people, and an early track record of mentoring junior trainees at all levels. Strengths of the institution include the resources of CCARCC, several aging related Centers at Cornell from which to garner potential mentees, the availability of divisional resources to "protect" promising trainees in the critical period between fellowship and initial extramural funding, and a divisional co-chief structure that can insulate the candidate from undue administrative and clinical burdens should this application be successful.

**Grant:** 5P01AG019783-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SKINNER, JONATHAN S PHD  
**Title:** Causes and Consequences of Health Care Intensity  
**Institution:** DARTMOUTH COLLEGE HANOVER, NH  
**Project Period:** 2001/09/15-2006/08/31

DESCRIPTION (provided by applicant): In 1996, average Medicare per capita expenditures were \$3,700 in Minneapolis and \$7,783 in Miami. Differences of a similar magnitude were observed across regions in patterns of end-of-life care, such as the chances of dying in a hospital or the number of different specialists seen in the last 6 months of life. Previous research indicates that these geographic variations in treatment are due largely to differences in intensity, i.e., differences in the way similar patients are treated. Improved understanding of the causes and consequences of regional variations in intensity could have important implications for the health and well-being of the elderly, for addressing health disparities and for the financial health of the Medicare trust funds. This project addresses these issues by: 1. Measuring how patients of similar illness levels are treated differently across regions with respect to both overall intensity and different dimensions of intensity. 2. Determining the causes of differences in intensity. To what extent are they due to patient preferences for care, physician beliefs, or other factors? Why is it the norm in some regions but not others for elderly patients to experience extensive diagnostic testing for CAD, with subsequent downstream procedures, specialist referrals, and hospitalization? 3. Studying the consequences of greater health care intensity. What is the impact of greater intensity of care on outcomes that include survival, health functioning, and well-being more generally? 4. Seeking to understand how health care intensity, either across regions or over time, affects disparities across socioeconomic groups in health care treatments and outcomes. The project will bring together a cross-disciplinary research team comprised of investigators from the DAWG; the PORT; the Maine Medical Center; the Center for Survey Research in Boston, MA; Massachusetts General Hospital; and the National Bureau of Economic Research.

**Grant:** 3P01AG019783-03S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SKINNER, JONATHAN S PHD  
**Title:** Causes and Consequences of Health Care Intensity  
**Institution:** DARTMOUTH COLLEGE HANOVER, NH  
**Project Period:** 2001/09/15-2006/08/31

DESCRIPTION (provided by applicant): Prior research has documented marked regional variations in medical practice and per-capita Medicare spending that cannot be attributed to regional differences in illness. Although many explanations have been proposed, often focusing on the behavior of providers, the role of patient preferences in regional variations is not well understood. Moreover, few studies have explored the formation of these patient preferences. Working with Medicare enrollees, the proposal aims to: 1. Test whether preferences for care differ systematically across regions. 2. Determine how individual and regional variations in preferences for specific approaches to health care are associated with differences in patients' fundamental health goals, beliefs about efficacy, social pressures, and barriers to care. 3. Describe enrollees' perceptions of their unmet needs and quality of care, and determine whether these perceptions are related to regional differences in health care intensity. 4. Determine whether the intensity of care actually received can be explained by individual preferences for specific kinds of care as opposed to regional practice patterns and other factors. 5. Determine how differences in race are related to preferences, the factors underlying these preferences (i.e., goals, beliefs, social pressures, and barriers), and experiences with unmet needs and quality of care. We propose a national telephone survey of Medicare enrollees (n = 3200) and follow-up in-person interviews (n = 400) to address these aims. This represents an innovative synthesis of well-developed telephone survey strategies and personal preference elicitation techniques. The results will help clarify causes of regional variations in health care, provide a better understanding of racial and ethnic disparities in health care, and shed light on market-based approaches to health care reform.

**Grant:** 1P30AG022849-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HUGHES, SUSAN L DOTH  
**Title:** Midwest Roybal Center for Health Promotion  
**Institution:** UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO, IL  
**Project Period:** 2003/09/30-2008/08/31

Our proposed UIC Midwest Roybal Center for Health Promotion focuses on accelerating the process of translating basic behavioral and social science research theories and methodologies into practical outcomes that improve the functioning and quality of life of older adults. These are to apply existing theory to the conduct of studies of health behavior change among older adults at two levels. Specifically, we propose to facilitate studies that examine factors that facilitate initiation and adherence to health behavior change at the individual level using the Transtheoretical Model of Behavior Change (Prochaska & Velicer, 1997) and Social Cognitive Theory (Bandura, 1989), as well as studies of the processes and outcomes involved in translating evidence-based health behavior change interventions at the organizational and societal level applying the RE-AIM framework as a conceptual guide to the accelerated dissemination and diffusion of public health interventions (Glasgow, Vogt and Boles, 1999). By developing a conceptual model that expands our scope beyond the level of the individual, we are expanding the theoretical basis of the Center's proposed activities. Whereas we previously concentrated efforts on changing the behavior of individuals through our interventions, we now propose to continue interventions at this level but also supplement them with more broadly based studies of activities involved in the successful translation and replication of evidence-based programs. Our work will be guided by the RE-AIM framework for evaluating health promotion interventions to identify those that have the greatest potential for broad based dissemination and cost effectiveness. The Center Research Faculty will include Drs. Hughes, Prochaska, Baldyga, Campbell, Heller, and Rimmer and all of the Principal Investigators of funded pilot projects. They will be responsible for completing all activities proposed under their projects, under the oversight of the Management Core. The Pilot Core grant funding for a minimum of two pilots per year, solicited from faculty and student researchers as well as from community-based agencies in Chicago. The Executive Committee, made up of senior researchers from various units on the UIC campus, will be responsible for guiding the direction of the Center as well as for oversight of the pilot projects.

**Grant:** 5P30AG015281-07  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** JACKSON, JAMES S PHD PSYCH ASPECT:SOC  
PSYCH/ASPECTS-UNSPEC  
**Title:** Michigan Center for Urban African American Aging  
**Institution:** UNIVERSITY OF MICHIGAN AT ANN ARBOR ANN ARBOR, MI  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): This is an application to continue the Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to continue the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, School of Public Health, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority aging resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships, lead in the research on the "science" of community participant involvement, and provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders and support efforts to develop a "science" of mentoring minority investigators; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting pilot studies. Finally, we propose to serve as the RCMAR Coordinating Center and assist in providing intellectual and administrative ties among the selected national group of Resource Centers on Minority Aging Research, the NIA, public and other NIA supported efforts, e.g. Alzheimer's, Shock, Roybal and Pepper Centers. In sum, the proposed MCUAAAR will provide a comprehensive mix of established and new pilot methodologies, a broad scope of proposed culturally sensitive research and intervention activities, and a multi-disciplinary and multi-ethnic team of established researchers and appropriately mentored early investigators. PRINCIPAL INVESTIGATOR: Dr. James S. Jackson is a professor and research scientist in the Institute for Social Research at the University of Michigan. CORES CORE A: Administrative, Drs. James S. Jackson and Peter Lichenberg DESCRIPTION (provided by applicant): The overall objective of this request for support of the Michigan Center for Urban African American Aging Research (MCUAAAR) is for continued resources to promote health research on minority elders, particularly African American elders, that will lead to health promotion and the reduction and elimination of health disparities as called for in Healthy People 2010 through several approaches consistent

with the NIA's 2000-2005 Strategic Plan. Examples of MCUAAAR's efforts include continued development of its successful mentoring program focused on building a network of minority investigators who are committed to becoming productive scholars in the area of health and aging. Health promotion and the reduction and elimination of health disparities is only possible with the effective recruitment and retention of African American and other minority elders in health research. We will continue to build upon our productive research program in this area and continue to reach out to seniors in the city of Detroit with the explicit purpose of building upon our developed databases of individuals who have agreed to be contacted for health research purposes. We have demonstrated our ability to form productive, collaborative relationships over the prior five-year period and will continue and extend our collaborations in this grant period with NIA Alzheimer's Disease Research Centers, NIA Claude Pepper Centers for Independence, the Population Studies Center and the NACDA at the Institute for Social Research. During the last five year period we have joined with a wide set of relevant NIA Centers, university, and community organizations at our two main institutions and in the region, as well as at select institutions around the country. Building on the strengths at the University of Michigan (UM) and Wayne State University (WSU), our specific set of related loci will be research on health and health promotion with a special emphasis on our relative research strengths in cognitive functioning and dysfunction, cognitive appraisal, and perception as they relate to a wide range of health outcomes and disorders, the promotion of independence, and the understanding of how demographic and social changes relate to health disparities and their elimination among older African Americans and other minority populations.

**Grant:** 3P30AG015281-07S1

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** JACKSON, JAMES S PHD PSYCH ASPECT:SOC  
PSYCH/ASPECTS-UNSPEC

**Title:** Michigan Center for Urban African American Aging

**Institution:** UNIVERSITY OF MICHIGAN AT ANN ARBOR ANN ARBOR, MI

**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): This is an application to continue the Michigan Center for Urban African American Aging Research (MCUAAAR) at the University of Michigan and Wayne State University. The overall objective of this proposed resource center is to foster high quality scholarly and empirical training, research, and interventions focused upon health promotion and health among older racial and ethnic minority populations. This application builds upon the work and expertise of faculty and students in these two state institutions to empirically investigate African American health inequalities over the life-course. We have been fortunate in developing a knowledgeable group of research personnel and attracting to each university a large number of multi-ethnic faculty and graduate students with interests in the study of aging and human development in black and other minority populations. We propose to continue the MCUAAAR as an administrative, training, and scientific research organization among the University of Michigan's Program for Research on Black Americans (PRBA) and Life-Course Development (LCD) at the Institute for Social Research, School of Nursing, School of Public Health, the Institute of Gerontology, School of Nursing and Urban Studies Center at Wayne State University, and community based organizations (CBO) in the greater Detroit Metropolitan area. This proposed minority aging resource center builds on other cooperative research and administrative arrangements between UM, WSU and community based organizations. The proposed resource center will contain four interacting components: 1) the Administrative Core will provide administrative support, facilitate intellectual interchange, and provide overall coordination within the proposed Center and with other university units and community health service sites; 2) the Community Liaison Core will strengthen existing community research and service relationships, lead in the research on the "science" of community participant involvement, and provide sources of cooperating community respondents for the proposed pilot research and intervention efforts; 3) the Investigator Development Core will identify, select, and mentor multi-disciplinary and multi-cultural investigators interested in research and interventions on the health of minority elders and support efforts to develop a "science" of mentoring minority investigators; and, 4) the Measurement Core will serve as a training and research focal point and assume leadership in refining and honing the research interests of all the investigators, but especially young investigators conducting pilot studies. Finally, we propose to serve as the RCMAR Coordinating Center and assist in providing intellectual and administrative ties among the selected national group of Resource Centers on Minority Aging Research, the NIA, public and other NIA supported efforts, e.g. Alzheimer's, Shock, Roybal and Pepper Centers. In sum, the proposed MCUAAAR will provide a comprehensive mix of established and new pilot methodologies, a broad scope of proposed culturally sensitive research and intervention activities, and a multi-disciplinary and multi-ethnic team of established researchers and appropriately mentored early investigators. PRINCIPAL INVESTIGATOR: Dr. James S. Jackson is a professor and research scientist in the Institute for Social Research at the University of Michigan. CORES CORE A: Administrative, Drs. James S. Jackson and Peter Lichenberg DESCRIPTION (provided by applicant): The overall objective of this request for support of the Michigan Center for Urban African American Aging Research (MCUAAAR) is for continued resources to promote health research on minority elders, particularly African American elders, that will lead to health promotion and the reduction and elimination of health disparities as called for in Healthy People 2010 through several approaches consistent



with the NIA's 2000-2005 Strategic Plan. Examples of MCUAAAR's efforts include continued development of its successful mentoring program focused on building a network of minority investigators who are committed to becoming productive scholars in the area of health and aging. Health promotion and the reduction and elimination of health disparities is only possible with the effective recruitment and retention of African American and other minority elders in health research. We will continue to build upon our productive research program in this area and continue to reach out to seniors in the city of Detroit with the explicit purpose of building upon our developed databases of individuals who have agreed to be contacted for health research purposes. We have demonstrated our ability to form productive, collaborative relationships over the prior five-year period and will continue and extend our collaborations in this grant period with NIA Alzheimer's Disease Research Centers, NIA Claude Pepper Centers for Independence, the Population Studies Center and the NACDA at the Institute for Social Research. During the last five year period we have joined with a wide set of relevant NIA Centers, university, and community organizations at our two main institutions and in the region, as well as at select institutions around the country. Building on the strengths at the University of Michigan (UM) and Wayne State University (WSU), our specific set of related loci will be research on health and health promotion with a special emphasis on our relative research strengths in cognitive functioning and dysfunction, cognitive appraisal, and perception as they relate to a wide range of health outcomes and disorders, the promotion of independence, and the understanding of how demographic and social changes relate to health disparities and their elimination among older African Americans and other minority populations.

**Grant:** 5P30AG015294-07  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LANTIGUA, RAFAEL A MD  
**Title:** Columbia Center for Active Life of Minority Elders  
**Institution:** COLUMBIA UNIVERSITY HEALTH SCIENCES NEW YORK, NY  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): The Columbia Center for the Active Live Expectancy (CALME) is the RCMAR at our site. The goal of the CALME is to foster the expansion of minority aging research, the mentoring of minority investigators, and the dissemination of research information, with the objective of reducing health status differentials between minority and non-minority elders. In order to achieve this goal, this competing continuation application proposes to establish six cores: Core I - Administrative; Core II - Community Liaison; Core III - Investigator Development; Core IV - Measurement; Core V - Methods and Data; Core VI- Coordinating Center. The CALME is located in northern Manhattan in New York City, areas of high minority population density and wide health disparities. This proposal involves continued collaboration with experienced researchers at the Columbia University Alzheimer's Disease Research Center, with investigators leading other NIH-supported community-oriented research programs at Columbia University, and with researchers at the Hebrew Home for the Aged at Riverdale, NY. These community oriented research programs include studies directed at Alzheimer's disease and other causes of dementia, stroke, cardiovascular disease, colorectal and breast cancer, and the use of home telemedicine to manage diabetes in older patients. During the first five years of funding, the CALME functioned effectively to provide oversight, internal coordination, and interaction with outside agencies and organizations (Core I); to disseminate health and research information, to interact with community-based organizations, and to promote participation in community-oriented research (Core II); to identify and mentor 18 pilot grant awardees (20 separate awards) leading to a large number of publications and presentations as well as three awardees who now have independent federal grant support (Core III); to provide expertise in measurement of geriatric health outcomes (Core IV); and to give assistance in design, statistical methods, and data analysis (Core V). This continuation proposal seeks to continue and expand these activities, to increase the CALME's collaborative activities beyond Columbia University, and to contribute to the national effort to reduce health disparities in the elderly.

**Grant:** 3P30AG015294-07S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LANTIGUA, RAFAEL A MD  
**Title:** Columbia Center for Active Life of Minority Elders  
**Institution:** COLUMBIA UNIVERSITY HEALTH SCIENCES NEW YORK, NY  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): The Columbia Center for the Active Live Expectancy (CALME) is the RCMAR at our site. The goal of the CALME is to foster the expansion of minority aging research, the mentoring of minority investigators, and the dissemination of research information, with the objective of reducing health status differentials between minority and non-minority elders. In order to achieve this goal, this competing continuation application proposes to establish six cores: Core I - Administrative; Core II - Community Liaison; Core III - Investigator Development; Core IV - Measurement; Core V - Methods and Data; Core VI- Coordinating Center. The CALME is located in northern Manhattan in New York City, areas of high minority population density and wide health disparities. This proposal involves continued collaboration with experienced researchers at the Columbia University Alzheimer's Disease Research Center, with investigators leading other NIH-supported community-oriented research programs at Columbia University, and with researchers at the Hebrew Home for the Aged at Riverdale, NY. These community oriented research programs include studies directed at Alzheimer's disease and other causes of dementia, stroke, cardiovascular disease, colorectal and breast cancer, and the use of home telemedicine to manage diabetes in older patients. During the first five years of funding, the CALME functioned effectively to provide oversight, internal coordination, and interaction with outside agencies and organizations (Core I); to disseminate health and research information, to interact with community-based organizations, and to promote participation in community-oriented research (Core II); to identify and mentor 18 pilot grant awardees (20 separate awards) leading to a large number of publications and presentations as well as three awardees who now have independent federal grant support (Core III); to provide expertise in measurement of geriatric health outcomes (Core IV); and to give assistance in design, statistical methods, and data analysis (Core V). This continuation proposal seeks to continue and expand these activities, to increase the CALME's collaborative activities beyond Columbia University, and to contribute to the national effort to reduce health disparities in the elderly.

**Grant:** 3P30AG015294-07S2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LANTIGUA, RAFAEL A MD  
**Title:** Columbia Center for Active Life of Minority Elders  
**Institution:** COLUMBIA UNIVERSITY HEALTH SCIENCES NEW YORK, NY  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): The Columbia Center for the Active Live Expectancy (CALME) is the RCMAR at our site. The goal of the CALME is to foster the expansion of minority aging research, the mentoring of minority investigators, and the dissemination of research information, with the objective of reducing health status differentials between minority and non-minority elders. In order to achieve this goal, this competing continuation application proposes to establish six cores: Core I - Administrative; Core II - Community Liaison; Core III - Investigator Development; Core IV - Measurement; Core V - Methods and Data; Core VI- Coordinating Center. The CALME is located in northern Manhattan in New York City, areas of high minority population density and wide health disparities. This proposal involves continued collaboration with experienced researchers at the Columbia University Alzheimer's Disease Research Center, with investigators leading other NIH-supported community-oriented research programs at Columbia University, and with researchers at the Hebrew Home for the Aged at Riverdale, NY. These community oriented research programs include studies directed at Alzheimer's disease and other causes of dementia, stroke, cardiovascular disease, colorectal and breast cancer, and the use of home telemedicine to manage diabetes in older patients. During the first five years of funding, the CALME functioned effectively to provide oversight, internal coordination, and interaction with outside agencies and organizations (Core I); to disseminate health and research information, to interact with community-based organizations, and to promote participation in community-oriented research (Core II); to identify and mentor 18 pilot grant awardees (20 separate awards) leading to a large number of publications and presentations as well as three awardees who now have independent federal grant support (Core III); to provide expertise in measurement of geriatric health outcomes (Core IV); and to give assistance in design, statistical methods, and data analysis (Core V). This continuation proposal seeks to continue and expand these activities, to increase the CALME's collaborative activities beyond Columbia University, and to contribute to the national effort to reduce health disparities in the elderly.

**Grant:** 5P30AG021684-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MANGIONE, CAROL M MD  
**Title:** The Center for Health Improvement of Minority Elderly  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2002/09/30-2007/06/30

DESCRIPTION (provided by applicant): UCLA/Drew Center for Health Improvement for Minority Elders (CHIME) proposes a research and mentoring program that will ultimately contribute to the reduction in health disparities for African American and Latino Elders by training and mentorship of minority faculty who will advance their careers by conducting research on minority elders. To accomplish this goal, the UCLA/Drew CHIME has 4 overarching specific aims: 1) to develop the research infrastructure needed to improve the health of minority elders through participatory research within local communities; 2) to contribute to the development, evaluation, and dissemination of valid, reliable, and generalizeable measurement tools that can be used to track health outcomes or measure critical social, behavioral, and economic predictors of the health and the health-care outcomes of minority elders; 3) to build on UCLA GIM/HSR's and Drew's longstanding track record for the recruitment, retention, and promotion of minority researchers through mentorship and support of their efforts to conduct research on the health of minority elders and to participate in community collaborations designed to improve health; 4) to broaden and stabilize both existing and new partnerships with communities to expand the pool of potential African American and Latino elders who are participants in research and the beneficiaries of the findings from both the research conducted under the auspices of CHIME and other funded research. To this end, the CHIME Community Liaison and Measurement Cores will develop and evaluate new and existing methods for the recruitment and retention of older African American and Latinos in research. CHIME proposes to address these aims through structured activities that are organized in an Administration Core (AC), an Investigator Development Core (IDC), a Measurement Core (MC), a Community Liaison Core (CLC), and a Coordinating Center (CC). IDC's primary activities will revolve around selecting pilot studies and organizing the mentorship of pilot investigators, MC will provide methodologic support and training for the pilot investigators, CLC will teach the faculty mentees how to conduct participatory research and will develop the needed collaborations with communities, and CC will take on all of the tasks outlined for the national coordinating center.

**Grant:** 3P30AG021684-02S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MANGIONE, CAROL M MD  
**Title:** The Center for Health Improvement of Minority Elderly  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2002/09/30-2007/06/30

DESCRIPTION (provided by applicant): UCLA/Drew Center for Health Improvement for Minority Elders (CHIME) proposes a research and mentoring program that will ultimately contribute to the reduction in health disparities for African American and Latino Elders by training and mentorship of minority faculty who will advance their careers by conducting research on minority elders. To accomplish this goal, the UCLA/Drew CHIME has 4 overarching specific aims: 1) to develop the research infrastructure needed to improve the health of minority elders through participatory research within local communities; 2) to contribute to the development, evaluation, and dissemination of valid, reliable, and generalizable measurement tools that can be used to track health outcomes or measure critical social, behavioral, and economic predictors of the health and the health-care outcomes of minority elders; 3) to build on UCLA GIM/HSR's and Drew's longstanding track record for the recruitment, retention, and promotion of minority researchers through mentorship and support of their efforts to conduct research on the health of minority elders and to participate in community collaborations designed to improve health; 4) to broaden and stabilize both existing and new partnerships with communities to expand the pool of potential African American and Latino elders who are participants in research and the beneficiaries of the findings from both the research conducted under the auspices of CHIME and other funded research. To this end, the CHIME Community Liaison and Measurement Cores will develop and evaluate new and existing methods for the recruitment and retention of older African American and Latinos in research. CHIME proposes to address these aims through structured activities that are organized in an Administration Core (AC), an Investigator Development Core (IDC), a Measurement Core (MC), a Community Liaison Core (CLC), and a Coordinating Center (CC). IDC's primary activities will revolve around selecting pilot studies and organizing the mentorship of pilot investigators, MC will provide methodologic support and training for the pilot investigators, CLC will teach the faculty mentees how to conduct participatory research and will develop the needed collaborations with communities, and CC will take on all of the tasks outlined for the national coordinating center.

**Grant:** 3P30AG021684-02S2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MANGIONE, CAROL M MD  
**Title:** The Center for Health Improvement of Minority Elderly  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2002/09/30-2007/06/30

DESCRIPTION (provided by applicant): UCLA/Drew Center for Health Improvement for Minority Elders (CHIME) proposes a research and mentoring program that will ultimately contribute to the reduction in health disparities for African American and Latino Elders by training and mentorship of minority faculty who will advance their careers by conducting research on minority elders. To accomplish this goal, the UCLA/Drew CHIME has 4 overarching specific aims: 1) to develop the research infrastructure needed to improve the health of minority elders through participatory research within local communities; 2) to contribute to the development, evaluation, and dissemination of valid, reliable, and generalizable measurement tools that can be used to track health outcomes or measure critical social, behavioral, and economic predictors of the health and the health-care outcomes of minority elders; 3) to build on UCLA GIM/HSR's and Drew's longstanding track record for the recruitment, retention, and promotion of minority researchers through mentorship and support of their efforts to conduct research on the health of minority elders and to participate in community collaborations designed to improve health; 4) to broaden and stabilize both existing and new partnerships with communities to expand the pool of potential African American and Latino elders who are participants in research and the beneficiaries of the findings from both the research conducted under the auspices of CHIME and other funded research. To this end, the CHIME Community Liaison and Measurement Cores will develop and evaluate new and existing methods for the recruitment and retention of older African American and Latinos in research. CHIME proposes to address these aims through structured activities that are organized in an Administration Core (AC), an Investigator Development Core (IDC), a Measurement Core (MC), a Community Liaison Core (CLC), and a Coordinating Center (CC). IDC's primary activities will revolve around selecting pilot studies and organizing the mentorship of pilot investigators, MC will provide methodologic support and training for the pilot investigators, CLC will teach the faculty mentees how to conduct participatory research and will develop the needed collaborations with communities, and CC will take on all of the tasks outlined for the national coordinating center.

**Grant:** 5P30AG015292-07

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** MANSON, SPERO M PHD  
ANTHROPOLOGY:MEDICAL,  
INCL. MENTAL

**Title:** Native Elder Research Center

**Institution:** UNIVERSITY OF COLORADO HLTH SCIENCES CTR DENVER, CO

**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): This renewal application seeks five years of continued support for the Native Elder Research Center/Resource Center for Minority Aging Research (NERC/RCMAR), the specific aims of which are to: 1) provide the administrative structure, supported by a large, comprehensive array of unique programs, required to direct and coordinate a culturally relevant, scientifically meritorious research career development program targeted to AI/AN investigators; 2) augment already active partnerships with AI/AN communities that ensure continuous access to and involvement of elders, their families, and local systems of care in the aging research process; 3) capitalize on an extensive network of collaborative links to identify, recruit, and sustain a cadre of AI/AN investigators willing to commit themselves to developing their potential as scientists specializing in aging research; 4) implement a carefully crafted set of mechanisms - informed by two decades of experience - to equip AI/AN investigators for successful research careers at the interface of aging, health, and culture; 5) enlarge an existing group of investigators to include even more diverse disciplinary expertise of an exceptionally qualified nature that can address a broad range of high priority questions related to the aging of Native elders, and 6) promote a program of research that holds considerable promise for reducing the differentials in health status and access to care which now plague this special population. The NERC/RCMAR is housed with the Division of American Indian and Alaska Native Programs of the Department of Psychiatry, School of Medicine, at the University of Colorado Health Sciences Center. In this regard, it is combined with five other, relevant national programs: the National Center for American Indian and Alaska Native Mental Health Research (NCAIANMHR), National Program Office of the Healthy Nations Initiative (NPO/HNI), the Native Elder Health Care Resource Center (NEHCRC), the Circles of Care Evaluation Technical Assistance Center (CoCETAC), the Center on Native Elder Health Disparities, and the Center for Native American Telehealth and Teleeducation (CNATT).



**Grant:** 3P30AG015292-07S1

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** MANSON, SPERO M PHD  
ANTHROPOLOGY:MEDICAL,  
INCL. MENTAL

**Title:** Native Elder Research Center

**Institution:** UNIVERSITY OF COLORADO HLTH SCIENCES CTR DENVER, CO

**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): This renewal application seeks five years of continued support for the Native Elder Research Center/Resource Center for Minority Aging Research (NERC/RCMAR), the specific aims of which are to: 1) provide the administrative structure, supported by a large, comprehensive array of unique programs, required to direct and coordinate a culturally relevant, scientifically meritorious research career development program targeted to AI/AN investigators; 2) augment already active partnerships with AI/AN communities that ensure continuous access to and involvement of elders, their families, and local systems of care in the aging research process; 3) capitalize on an extensive network of collaborative links to identify, recruit, and sustain a cadre of AI/AN investigators willing to commit themselves to developing their potential as scientists specializing in aging research; 4) implement a carefully crafted set of mechanisms - informed by two decades of experience - to equip AI/AN investigators for successful research careers at the interface of aging, health, and culture; 5) enlarge an existing group of investigators to include even more diverse disciplinary expertise of an exceptionally qualified nature that can address a broad range of high priority questions related to the aging of Native elders, and 6) promote a program of research that holds considerable promise for reducing the differentials in health status and access to care which now plague this special population. The NERC/RCMAR is housed with the Division of American Indian and Alaska Native Programs of the Department of Psychiatry, School of Medicine, at the University of Colorado Health Sciences Center. In this regard, it is combined with five other, relevant national programs: the National Center for American Indian and Alaska Native Mental Health Research (NCAIANMHR), National Program Office of the Healthy Nations Initiative (NPO/HNI), the Native Elder Health Care Resource Center (NEHCRC), the Circles of Care Evaluation Technical Assistance Center (CoCETAC), the Center on Native Elder Health Disparities, and the Center for Native American Telehealth and Teleeducation (CNATT).

**Grant:** 5P30AG015272-07  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PEREZ-STABLE, ELISEO J MD  
**Title:** Center for Aging in Diverse Communities (CADC)  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): Specific Aims of the Center for Aging in Diverse Communities (CADC) at the University of California, San Francisco are: 1) Sustain and expand the organizational structure/expertise of the CADC that foster the development of minority investigators who will conduct research with older minority persons based on the research focus of healthy aging and disease prevention; 2) Select a minimum of three studies per year to be funded for pilot work focused on the program theme of healthy aging, disease prevention, measurement issues, or reevaluation of recruitment methods; 3) Mentor less experienced minority investigators in conducting their pilot studies and in identifying the appropriate next step in career development such as submission of an independent research proposal based on the data collected; 4) Develop, implement and test the effectiveness of strategies for recruiting/retaining minority group members in health promotion, epidemiological, social, behavioral and biomedical research dealing with the health of elders; 5) Enhance recruitment/retention rates of older African American, Asian and Latino participants in funded research projects on aging by disseminating information on the effectiveness of recruitment methods through didactic sessions and in the scientific literature; 6) Coordinate the program emphases and outcomes contribution with the Coordinating Center to synthesize research findings, methodological developments, and overall progress in promoting the focus on healthy aging and disease prevention to reduce health disparities; 7) Coordinate the activities of the CADC cores through a network of investigators and community leaders in order to create an infrastructure for community based participatory research. 8) Develop systematic models for evaluating community-based interventions using ecological, program evaluation frameworks that will identify key levers of change for reducing health disparities; 9) Advance development of conceptual frameworks of multi-level, ecological determinants of health disparities in older adults; 10) Increase the availability of self-report measures for which there is evidence of conceptual and psychometric adequacy and equivalence for use in health disparities and minority aging studies; 11) Enhance the awareness of researchers of the importance of measurement studies in minority aging research and increase their skills to explore and test the conceptual and measurement adequacy and equivalence of their measures.

**Grant:** 3P30AG015272-07S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PEREZ-STABLE, ELISEO J MD  
**Title:** Center for Aging in Diverse Communities (CADC)  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): Specific Aims of the Center for Aging in Diverse Communities (CADC) at the University of California, San Francisco are: 1) Sustain and expand the organizational structure/expertise of the CADC that foster the development of minority investigators who will conduct research with older minority persons based on the research focus of healthy aging and disease prevention; 2) Select a minimum of three studies per year to be funded for pilot work focused on the program theme of healthy aging, disease prevention, measurement issues, or reevaluation of recruitment methods; 3) Mentor less experienced minority investigators in conducting their pilot studies and in identifying the appropriate next step in career development such as submission of an independent research proposal based on the data collected; 4) Develop, implement and test the effectiveness of strategies for recruiting/retaining minority group members in health promotion, epidemiological, social, behavioral and biomedical research dealing with the health of elders; 5) Enhance recruitment/retention rates of older African American, Asian and Latino participants in funded research projects on aging by disseminating information on the effectiveness of recruitment methods through didactic sessions and in the scientific literature; 6) Coordinate the program emphases and outcomes contribution with the Coordinating Center to synthesize research findings, methodological developments, and overall progress in promoting the focus on healthy aging and disease prevention to reduce health disparities; 7) Coordinate the activities of the CADC cores through a network of investigators and community leaders in order to create an infrastructure for community based participatory research. 8) Develop systematic models for evaluating community-based interventions using ecological, program evaluation frameworks that will identify key levers of change for reducing health disparities; 9) Advance development of conceptual frameworks of multi-level, ecological determinants of health disparities in older adults; 10) Increase the availability of self-report measures for which there is evidence of conceptual and psychometric adequacy and equivalence for use in health disparities and minority aging studies; 11) Enhance the awareness of researchers of the importance of measurement studies in minority aging research and increase their skills to explore and test the conceptual and measurement adequacy and equivalence of their measures.

**Grant:** 3P30AG015272-07S2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PEREZ-STABLE, ELISEO J MD  
**Title:** Center for Aging in Diverse Communities (CADC)  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 1997/09/30-2007/06/30

DESCRIPTION (provided by applicant): Specific Aims of the Center for Aging in Diverse Communities (CADC) at the University of California, San Francisco are: 1) Sustain and expand the organizational structure/expertise of the CADC that foster the development of minority investigators who will conduct research with older minority persons based on the research focus of healthy aging and disease prevention; 2) Select a minimum of three studies per year to be funded for pilot work focused on the program theme of healthy aging, disease prevention, measurement issues, or reevaluation of recruitment methods; 3) Mentor less experienced minority investigators in conducting their pilot studies and in identifying the appropriate next step in career development such as submission of an independent research proposal based on the data collected; 4) Develop, implement and test the effectiveness of strategies for recruiting/retaining minority group members in health promotion, epidemiological, social, behavioral and biomedical research dealing with the health of elders; 5) Enhance recruitment/retention rates of older African American, Asian and Latino participants in funded research projects on aging by disseminating information on the effectiveness of recruitment methods through didactic sessions and in the scientific literature; 6) Coordinate the program emphases and outcomes contribution with the Coordinating Center to synthesize research findings, methodological developments, and overall progress in promoting the focus on healthy aging and disease prevention to reduce health disparities; 7) Coordinate the activities of the CADC cores through a network of investigators and community leaders in order to create an infrastructure for community based participatory research. 8) Develop systematic models for evaluating community-based interventions using ecological, program evaluation frameworks that will identify key levers of change for reducing health disparities; 9) Advance development of conceptual frameworks of multi-level, ecological determinants of health disparities in older adults; 10) Increase the availability of self-report measures for which there is evidence of conceptual and psychometric adequacy and equivalence for use in health disparities and minority aging studies; 11) Enhance the awareness of researchers of the importance of measurement studies in minority aging research and increase their skills to explore and test the conceptual and measurement adequacy and equivalence of their measures.

**Grant:** 1P30AG022845-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PILLEMER, KARL A PHD  
**Title:** Cornell Roybal Center for Translational Research  
**Institution:** CORNELL UNIVERSITY ITHACA ITHACA, NY  
**Project Period:** 2003/09/30-2008/08/31

DESCRIPTION (provided by applicant): The goal of the Roybal Center at Cornell University is to apply compelling new theoretical and empirical findings in the area of social integration and isolation, with the unified goal of improving health and quality of life for older adults. Diverse bodies of research clearly indicate that deficits in social networks and support are associated with substantial mortality, morbidity, and increased health care costs in older persons. Further, the problems of social isolation and inadequate social support are more prevalent among older people by virtue of major life transitions. Although these transitions are often inevitable, the consequences of social isolation are potentially amenable to intervention. In this renewal, the strengths and expertise of existing Cornell Roybal Center will be merged with two other prominent centers on aging within the Cornell system: the Center for Aging Research and Clinical Care at the Weill Cornell Medical College; and the Institute for Geriatric Psychiatry at Cornell's Psychiatric Division. This expansion of the Cornell Roybal Center will be called The Center for Integrated Translational Research on Aging and Social Integration (CITRAS). This unique partnership brings together the three areas crucial for translational research on aging and social integration: mental health, clinical research, and social science. An especially important feature of this proposal is the engagement of community stakeholders at every stage in the research process, thereby acknowledging the complex, multidimensional needs of isolated older people and the constituencies that serve them. These partnerships will bring Center interventions to locations where most socially isolated older persons are served, creating a "laboratory" in which we will study the delivery of efficacious treatments. Specific objectives for this renewal of the Roybal Center include: 1) Promoting and testing research based interventions involving the impact of social integration on mental and physical health; 2. Bringing together researchers with practitioners in the field of aging in the design and implementation of interventions and applied research studies; 3. Creating an effective infrastructure through the management core of the center that will coordinate the activities of individual investigators and maximize the effectiveness of practical applications; 4. Developing, mentoring, and evaluating pilot projects on the themes of social integration and health outcomes; 5. Generating funded research projects from federal and other sources, by mentoring and assisting investigators; 6. Devoting special attention to social isolation in minority communities, which will be enhanced by a formal connection to the Resource Center for Minority Aging Research at New York Presbyterian Hospital.

**Grant:** 3P30AG021677-02S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** TILLEY, BARBARA C PHD  
BIOSTATISTICS:BIOMETRY  
**Title:** SC Cooperative for Healthy Aging in Minority Populations  
**Institution:** MEDICAL UNIVERSITY OF SOUTH CHARLESTON, SC  
CAROLINA  
**Project Period:** 2002/09/30-2007/08/31

DESCRIPTION (provided by applicant): The over arching goal of this RCMAR is to move beyond the identification and description of older African American/Caucasian health-related disparities to understanding the disparities within the African American population and identifying solutions designed to address these health issues. (Geiger, 1996). Our theme is to improve the process of health care delivery for older African Americans by addressing issues and interventions related to providers and provider/patient interactions. RCMAR investigators will focus on developing measurement tools and testing recruitment/retention approaches needed to test interventions. If the interventions are successful, RCMAR investigators hope to move the interventions forward to statewide implementation. Through its Cores, the South Carolina RCMAR will: (1) establish a mechanism for mentoring research careers focused on the health of older African Americans (see Investigator Development Core); (2) enhance cultural diversity of the workforce conducting research on the health of older African Americans (see Investigator Development Core); (3) conduct research on and deploy strategies for recruiting and retaining African Americans in social, behavioral, economic, epidemiologic, and/or biomedical interventional research dealing with the health of the elderly (see Community Liaison Core); (4) facilitate innovative strategies to support enduring research careers in minority health and aging, and/or encourage recruitment of established researchers to undertake research on minority health and aging (see Investigator Development Core); (5) improve the research methods and tools necessary to conduct rigorous and comparable research in diverse populations (see Measurement Core); (6) advance scientific knowledge leading to a decrease in health disparities (goal of Community Liaison Core, Investigator Development Core through Pilot Studies, and Measurement Core); and (7) disseminate research results to scientific and nonscientific communities addressing the resolution of health disparities through the ultimate improvement of the health of older African Americans (see Administrative, Investigator Development, and Community Liaison Cores). The long-range RCMAR infrastructure-building goals are to use the RCMAR research structure to develop interventions that will improve the health and well being of older African American populations in the State of South Carolina and reduce the health disparities suffered by African Americans in this state.

**Grant:** 5P30AG021677-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** TILLEY, BARBARA C. PHD  
BIOSTATISTICS:BIOMETRY  
**Title:** SC Cooperative for Healthy Aging in Minority Populations  
**Institution:** MEDICAL UNIVERSITY OF SOUTH CHARLESTON, SC  
CAROLINA  
**Project Period:** 2002/09/30-2007/08/31

DESCRIPTION (provided by applicant): The over arching goal of this RCMAR is to move beyond the identification and description of older African American/Caucasian health-related disparities to understanding the disparities within the African American population and identifying solutions designed to address these health issues. (Geiger, 1996). Our theme is to improve the process of health care delivery for older African Americans by addressing issues and interventions related to providers and provider/patient interactions. RCMAR investigators will focus on developing measurement tools and testing recruitment/retention approaches needed to test interventions. If the interventions are successful, RCMAR investigators hope to move the interventions forward to statewide implementation. Through its Cores, the South Carolina RCMAR will: (1) establish a mechanism for mentoring research careers focused on the health of older African Americans (see Investigator Development Core); (2) enhance cultural diversity of the workforce conducting research on the health of older African Americans (see Investigator Development Core); (3) conduct research on and deploy strategies for recruiting and retaining African Americans in social, behavioral, economic, epidemiologic, and/or biomedical interventional research dealing with the health of the elderly (see Community Liaison Core); (4) facilitate innovative strategies to support enduring research careers in minority health and aging, and/or encourage recruitment of established researchers to undertake research on minority health and aging (see Investigator Development Core); (5) improve the research methods and tools necessary to conduct rigorous and comparable research in diverse populations (see Measurement Core); (6) advance scientific knowledge leading to a decrease in health disparities (goal of Community Liaison Core, Investigator Development Core through Pilot Studies, and Measurement Core); and (7) disseminate research results to scientific and nonscientific communities addressing the resolution of health disparities through the ultimate improvement of the health of older African Americans (see Administrative, Investigator Development, and Community Liaison Cores). The long-range RCMAR infrastructure-building goals are to use the RCMAR research structure to develop interventions that will improve the health and well being of older African American populations in the State of South Carolina and reduce the health disparities suffered by African Americans in this state.

**Grant:** 3P30AG021677-02S2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** TILLEY, BARBARA C. PHD  
BIOSTATISTICS:BIOMETRY  
**Title:** SC Cooperative for Healthy Aging in Minority Populations  
**Institution:** MEDICAL UNIVERSITY OF SOUTH CHARLESTON, SC  
CAROLINA  
**Project Period:** 2002/09/30-2007/08/31

DESCRIPTION (provided by applicant): The over arching goal of this RCMAR is to move beyond the identification and description of older African American/Caucasian health-related disparities to understanding the disparities within the African American population and identifying solutions designed to address these health issues. (Geiger, 1996). Our theme is to improve the process of health care delivery for older African Americans by addressing issues and interventions related to providers and provider/patient interactions. RCMAR investigators will focus on developing measurement tools and testing recruitment/retention approaches needed to test interventions. If the interventions are successful, RCMAR investigators hope to move the interventions forward to statewide implementation. Through its Cores, the South Carolina RCMAR will: (1) establish a mechanism for mentoring research careers focused on the health of older African Americans (see Investigator Development Core); (2) enhance cultural diversity of the workforce conducting research on the health of older African Americans (see Investigator Development Core); (3) conduct research on and deploy strategies for recruiting and retaining African Americans in social, behavioral, economic, epidemiologic, and/or biomedical interventional research dealing with the health of the elderly (see Community Liaison Core); (4) facilitate innovative strategies to support enduring research careers in minority health and aging, and/or encourage recruitment of established researchers to undertake research on minority health and aging (see Investigator Development Core); (5) improve the research methods and tools necessary to conduct rigorous and comparable research in diverse populations (see Measurement Core); (6) advance scientific knowledge leading to a decrease in health disparities (goal of Community Liaison Core, Investigator Development Core through Pilot Studies, and Measurement Core); and (7) disseminate research results to scientific and nonscientific communities addressing the resolution of health disparities through the ultimate improvement of the health of older African Americans (see Administrative, Investigator Development, and Community Liaison Cores). The long-range RCMAR infrastructure-building goals are to use the RCMAR research structure to develop interventions that will improve the health and well being of older African American populations in the State of South Carolina and reduce the health disparities suffered by African Americans in this state.



**Grant:** 3P50AG015890-05S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HUGHES, SUSAN L DOTH  
**Title:** MIDWEST ROYBAL CENTER FOR HEALTH MAINTENANCE  
**Institution:** UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO, IL  
**Project Period:** 1998/09/15-2003/06/30

The Midwest Roybal Center for Health Maintenance will have 3 Cores: a Management Core, a Statistical Core, and a Dissemination Core. The overall theme of the Center is the application of behavioral change theory (the transtheoretical model and social cognitive theory) to the development and testing of the long-term impact of multiple component exercise/education interventions on 24-month adherence and the impact of adherence on functional status outcomes. Four projects will use a common theoretical approach, measures, and outcomes to test the application of these theories in different elderly subgroups and different field settings. The management Core will be directed by Susan Hughes, DSW-a gerontologist and health services researcher with a significant track record of research in determinants of functional status among older persons. The Management Core will be assisted in its efforts by a distinguished Advisory Committee which includes community providers who are experts in health promotion interventions for the elderly. The Core will also be assisted by an Executive Committee comprised of the project and Core PIs. The Executive Committee will review progress on projects and Core activities, review pilot funding applications, and assist in the development of an annual Progress Report which will be submitted to the Advisory Committee for review and approval. Through these activities, the Management Core will provide administrative advance and guidance on possible applications that may arise from the research and materially assist the application of results, facilitate collaborative work across the funded projects, monitor individual component and pilot projects, and initiate and maintain interactions with relevant community groups in order to facilitate the conduct of the Center's research projects.

**Grant:** 5R01AG017973-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ADLER, SHELLEY R PHD  
**Title:** OLDER PATIENT-PHYSICIAN-ALTERNATIVE HEALER RELATIONSHIPS  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 2001/09/01-2005/05/31

Older patients are increasingly likely to be under the care of both physicians and alternative practitioners, often for treatment of the same condition. In the vast majority of cases, however, alternative care is not integrated with biomedical care; indeed, most patients do not inform their physicians of their concurrent use of complementary and alternative medicine (CAM). This is a critical juncture at which to study health-care relationships in which the patient is treated by practitioners from different medical systems who are usually not in contact with, and often not aware of, one another. The objective of this four-year qualitative, anthropological study is to describe and examine the ways in which emerging health-care relationship configurations are approached and understood by older women diagnosed with breast cancer, their physicians, and their CAM practitioners. This will be an ethnographic investigation of the mediating effects of individuals' age, ethnocultural background, and expectations of aging, based on the collection of data through in-depth individual interviews. The 150 study participants will be comprised of linked triads of women with breast cancer, ages 55- 84, who use biomedicine and CAM; their main physicians; and their main CAM practitioners. The patients will include African-, Chinese-, European-, and Hispanic American women. The project will (1) investigate the health beliefs and healing strategies involved in older breast cancer patients' seeking care concurrently from physicians and CAM practitioners; (2) examine patient participants' understandings of and reactions to their relationships with physicians and CAM practitioners; and (3) examine physicians' and CAM practitioners' understandings of and reactions to their relationships with older breast cancer patients. This study will reveal older breast cancer patients' integrative healing approaches, elucidate benefits and deficiencies of biomedical and CAM systems with regard to addressing older breast cancer patients' needs, and suggest future strategies for strengthening emerging health-care relationships.

**Grant:** 2R01AG015062-06  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ALLMAN, RICHARD M MD  
**Title:** Mobility Among Older African Americans and Whites  
**Institution:** UNIVERSITY OF ALABAMA AT BIRMINGHAM, AL  
BIRMINGHAM  
**Project Period:** 1998/09/30-2008/07/31

**DESCRIPTION:** (provided by applicant) The hypotheses underlying the proposed research are that potentially modifiable factors predict mobility (life-space) trajectories associated with aging among community-dwelling African Americans (AAs) and whites. Moreover, there are racial differences in these trajectories and in risk factors for life-space changes. The research team proposes to continue a prospective, observational study of a population-based sample of 1000 community-dwelling older adults (251 African American (AA) males, 249 AA females, 250 white males and 250 white females; 54 percent rural) for a total of 7 years of follow-up. New specific aims include: (1) Assess the predictors of life-space trajectories; (2) Identify predictors of transitions to restricted life-space, homebound status, and nursing home placement; (3) Examine proximate causes of life-space transitions; 4) Evaluate changes in hypothesized risk factors as predictors of life-space trajectories; (5) Determine the relationship of nutritional status with subsequent life-space trajectories; (6) Evaluate specific markers of inflammation as potential predictors of life-space. Repeat in-home assessments (N=780) 48-months after the baseline (1999-2001) in-home assessment will permit documentation of changes in disease and geriatric syndrome status, neuropsychological factors, nutritional status, health behaviors, and medication use since baseline. Fasting blood specimens (N=662) will be obtained within one month of the 48-month in-home assessment to assess nutrition-related lab tests, measures of inflammation, and other lab tests reflecting disease severity or management. Three 24-hour recall dietary intakes also will be obtained within 3 weeks of the in-home assessment. Telephone follow-up interviews every 6 months will be used to ascertain subsequent life-space. Multivariable, hierarchical mixed model growth curve analyses and generalized estimating equation (GEE) approaches will be used for analyses to permit identification of predictors of life-space trajectories and of specific life-space transitions. The results of this research will lead to interventions that will foster independence of older AAs and whites.

**Grant:** 1R01AG022537-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ANESHENSEL, CAROL S PHD  
**Title:** Neighborhood SES and Emotional Distress in Old Age  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2003/09/30-2006/08/31

**DESCRIPTION** (provided by applicant): The proposed study investigates the contextual effects of neighborhood socioeconomic status (SES) on the health and well being of older adults. There are four specific aims, to: (1) examine the extent to which the emotional well being of older persons differs, on average, among neighborhoods, and the extent to which these differences are the result of parallel differences in the characteristics of the people who live in these neighborhoods; (2) compare structural and ecological models for multilevel-SES effects on emotional distress among the aged, specifically testing cross-level interactions that operationalize the concept of person-environment fit; (3) explore the extent to which models developed for the impact of SES on emotional distress apply more generally to other aspects of health that are especially relevant to older persons, specifically cognitive impairment and physical illness; and, (4) use the passage of time to sort out, at least in part, the nature of the connections among emotional distress, cognitive impairment, and physical illness, and their joint dependence upon SES among older adults. The proposed study uses existing data from the Asset and Health Dynamics Among Older Adults (AHEAD) study. AHEAD is a longitudinal survey of a nationally representative sample (N = 8,222) of adults aged 70 years and older in 1993, with follow-up data available for 1995 and 1998. This large, representative, and diverse sample means that results have excellent external validity. In addition, 1990 Census data is used to operationalize neighborhood using tract-level data. Census data will be merged with the AHEAD individual-level survey data using geocodes from restricted access cross-reference files. The resultant multilevel data set will contain information on individuals nested within tracts, along with information about how these tracts differ from one another along sociocultural (e.g., ethnic composition), economic (e.g., percent below poverty line), demographic (e.g., percent over age 65), and physical (e.g., percent vacant housing units) dimensions. The primary method of analysis is hierarchical linear regression. The multilevel analysis first estimates the magnitude of between-neighborhood variation in emotional distress, and the extent to which this variation persists net of differences in the social status of the people who live in these different neighborhoods. This residual between-neighborhood variation is then used to test structural and ecological models for the impact of neighborhood-SES, specifically testing the hypothesis that the impact of individual-level SES is conditional upon the SES of one's neighbors.

**Grant:** 5R01AG019295-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BECKER, GAYLENE PHD  
**Title:** Age, Ethnicity, and the Chronically Ill Unisured  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 2001/07/01-2005/06/30

The overall aim of this qualitative, anthropological research is to explore how chronically ill people in three ethnic minority groups who are uninsured attempt to manage their illnesses, with emphasis on the roles that age and ethnicity play. Four interrelated domains are explored: 1) access to and utilization of health care resources, both formal and informal, including the effect of economic status and financial resources on illness management; 2) interpretations of illness, including use of biomedicine and other systems of medical belief and practice; 3) cultural beliefs about age and illness; and 4) participation of family and friends in illness management. Focusing on these domains enables us to examine illness experience and bodily distress within its social, cultural, and economic context, and thus to pinpoint social, cultural, and economic differences within and between groups. We will examine the full range of this experience by studying 180 individuals, 60 in each of the following groups: African American, Latinos, and Filipino Americans. A subset of 20 from each group will be interviewed longitudinally, with 3 interviews at 6-month intervals. Qualitative analysis will be undertaken in a systematic progression of steps and will be supported by quantitative analysis of health measurement data, measures, and qualitatively-derived data.

**Grant:** 5R01AG020614-02

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** BLAZER, DAN G MD INTERNAL  
MED:INTERNAL MEDICINE-  
UNSPEC

**Title:** Antidepressant Use by Older Adults

**Institution:** DUKE UNIVERSITY DURHAM, NC

**Project Period:** 2002/09/30-2004/08/31

DESCRIPTION (provided by applicant): Use of antidepressant medications by older adults has increased significantly over the past 10 years. This increase, however, has not been distributed equally by race/ethnicity. To explore antidepressant use in older adults, we propose additional analyses of data from the Duke Established Populations for Epidemiological Studies of the Elderly (EPESE) sample (4,162 community dwelling elders initially interviewed in 1986 and followed over ten years via three additional in person and four telephone follow-up interviews). Detailed current medication use was obtained from sample members during each in-person interview. In controlled analyses, Whites were two to four times as likely to be taking antidepressant medications as African Americans at each survey and the differences by race increased over a ten year period of follow-up. This difference was especially noted between years six and ten of the follow-up study, with 80% of new users of antidepressant medications over this period being White. We propose a model to determine propensities to use antidepressants in Whites and to test the concordance/discordance of this propensity model in African Americans. This model includes eight domains: demographics; education/occupation/economic well being; geographic characteristics; health and mental health; personal attitudes; social and spiritual resources; health behaviors; and physician provider characteristics. The richness of this model derives from additional questionnaire data, HCFA Part A and Part B files, geocoding the residence of sample members, and detailed descriptions of the physicians listed as their primary providers. Hypotheses are proposed to construct propensity scores among Whites for the eight domains including: 1) there will be a decreased propensity to take antidepressants among participants whose primary source of care is a primary care physician who practices in a rural county; and 2) a perceived impairment in the social network will increase the propensity to use antidepressants. Our main hypothesis is that the propensity model derived for Whites will be discordant for African Americans and the discordance will be found in factors for Personal Mastery, spiritual resources, alcohol and medication use, and racial concordance. We will also test hypotheses specific to individual domains in the larger model.

**Grant:** 5R01AG018782-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CHATTERS, LINDA M  
PHD DEVELOP  
PSYCH:DEVELOPMTL  
PSYCHOL-UNSPEC  
**Title:** CHURCH-BASED ASSISTANCE AND OLDER BLACKS  
**Institution:** UNIVERSITY OF MICHIGAN AT ANN ARBOR ANN ARBOR, MI  
**Project Period:** 2001/03/15-2005/02/28

**DESCRIPTION:** This application proposes to investigate the correlates and functions of church-based informal assistance among Black Americans. These analyses will examine church assistance with a specific focus on the influence of religious involvement and social location factors (e.g., age, gender, and marital status) in determining both the quantity and quality of church-based support (i.e., network integration, enacted and perceived support). The proposed analyses will examine the impact of church support on the relationship between social stressors and various psychological well-being and physical health status outcomes. Further, this proposal will examine the influence of assistance from church and family members on the relationship between social stressors and physical health and psychological well-being. These relationships will be examined both cross-sectionally and using panel data. This proposed investigation of church-based informal social support is based on the National Survey of Black Americans (NSBA) and the three additional waves of the NSBA Panel Study. The background research and conceptual model guiding this research are derived from several literatures including: 1) religious involvement, 2) religion and health, 3) informal social support, and 4) stress, social support and health/well-being, relevant model components will specify multifactoral models of these relationships which will be analyzed using a variety of multivariate procedures. These will include OLS regression, logistic regression, path analysis, and covariance-structure modeling. The proposed research will contribute to our understanding of the correlates of church-based assistance as well as its impact on the health and well-being of Black Americans.

**Grant:** 5R01AG018362-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CHEWNING, BETTY A PHD  
**Title:** Older Adults & Drug Decisions: Collaboration & Outcomes  
**Institution:** UNIVERSITY OF WISCONSIN MADISON MADISON, WI  
**Project Period:** 2002/09/15-2006/08/31

DESCRIPTION (provided by applicant): Midst growing time pressures on physicians, there is a need to maintain and even enhance the quality of physician-patient encounters, particularly for vulnerable, older adults with chronic conditions. Substantial research suggests that older adults are more passive than other age groups during their visits. Hence, physicians may miss key information about patient concerns and regimens that could affect health outcomes. This research addresses gaps identified by literature reviews calling for studies evaluating interventions that efficiently elicit patient pre-visit expectations for physicians and examine the longitudinal effect of expectation fulfillment on patient outcomes. The goal of this research is to study the impact of an intervention that identifies pre-visit concerns of older adult patients and then prompts both patients and physicians to address these concerns in the visit. Older adults' functional status concerns will be identified briefly in the waiting room using a handheld computer. A printout summarizing patient responses will be given both to the physician and patient. We hypothesize that this prompt will affect the nature of the patient-provider encounter in such a way that health outcomes will be improved. To test these hypotheses, a final sample of 580 patients age 60 or older, with a formal diagnosis of rheumatoid arthritis will be enrolled at their clinic visit. A one-year randomized, controlled experiment will be used in which an experimental group patients receive a computerized assessment and prompt about their visit concerns while a control group receives a parallel placebo computerized assessment of their exercise patterns. In both cases, patient assessment summaries are given to the patients and to their physicians in the medical record. Baseline, 6 month and 12 month data will be collected on each patient. We hypothesize improved health status at 12 months for the primary outcomes of pain and physical function. Selected encounter dynamics hypothesized to help explain these outcomes will also be examined. We will audiotape patient-physician encounters to study these interaction dynamics. The primary analyses will examine differences at 12 months between the control and experimental groups using ANCOVA for continuous variables with baseline values of outcomes as a covariate, Dichotomous outcomes will be analyzed primarily by the Mantel Haenszel test and logistic regression.



**Grant:** 3R01AG018362-02S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CHEWNING, BETTY A PHD  
**Title:** Older Adults & Drug Decisions: Collaboration & Outcomes  
**Institution:** UNIVERSITY OF WISCONSIN MADISON MADISON, WI  
**Project Period:** 2002/09/15-2006/08/31

DESCRIPTION (provided by applicant): Midst growing time pressures on physicians, there is a need to maintain and even enhance the quality of physician-patient encounters, particularly for vulnerable, older adults with chronic conditions. Substantial research suggests that older adults are more passive than other age groups during their visits. Hence, physicians may miss key information about patient concerns and regimens that could affect health outcomes. This research addresses gaps identified by literature reviews calling for studies evaluating interventions that efficiently elicit patient pre-visit expectations for physicians and examine the longitudinal effect of expectation fulfillment on patient outcomes. The goal of this research is to study the impact of an intervention that identifies pre-visit concerns of older adult patients and then prompts both patients and physicians to address these concerns in the visit. Older adults' functional status concerns will be identified briefly in the waiting room using a handheld computer. A printout summarizing patient responses will be given both to the physician and patient. We hypothesize that this prompt will affect the nature of the patient-provider encounter in such a way that health outcomes will be improved. To test these hypotheses, a final sample of 580 patients age 60 or older, with a formal diagnosis of rheumatoid arthritis will be enrolled at their clinic visit. A one-year randomized, controlled experiment will be used in which an experimental group patients receive a computerized assessment and prompt about their visit concerns while a control group receives a parallel placebo computerized assessment of their exercise patterns. In both cases, patient assessment summaries are given to the patients and to their physicians in the medical record. Baseline, 6 month and 12 month data will be collected on each patient. We hypothesize improved health status at 12 months for the primary outcomes of pain and physical function. Selected encounter dynamics hypothesized to help explain these outcomes will also be examined. We will audiotape patient-physician encounters to study these interaction dynamics. The primary analyses will examine differences at 12 months between the control and experimental groups using ANCOVA for continuous variables with baseline values of outcomes as a covariate, Dichotomous outcomes will be analyzed primarily by the Mantel Haenszel test and logistic regression.

**Grant:** 3R01AG018362-02S2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CHEWNING, BETTY A PHD  
**Title:** Older Adults & Drug Decisions: Collaboration & Outcomes  
**Institution:** UNIVERSITY OF WISCONSIN MADISON MADISON, WI  
**Project Period:** 2002/09/15-2006/08/31

DESCRIPTION (provided by applicant): Midst growing time pressures on physicians, there is a need to maintain and even enhance the quality of physician-patient encounters, particularly for vulnerable, older adults with chronic conditions. Substantial research suggests that older adults are more passive than other age groups during their visits. Hence, physicians may miss key information about patient concerns and regimens that could affect health outcomes. This research addresses gaps identified by literature reviews calling for studies evaluating interventions that efficiently elicit patient pre-visit expectations for physicians and examine the longitudinal effect of expectation fulfillment on patient outcomes. The goal of this research is to study the impact of an intervention that identifies pre-visit concerns of older adult patients and then prompts both patients and physicians to address these concerns in the visit. Older adults' functional status concerns will be identified briefly in the waiting room using a handheld computer. A printout summarizing patient responses will be given both to the physician and patient. We hypothesize that this prompt will affect the nature of the patient-provider encounter in such a way that health outcomes will be improved. To test these hypotheses, a final sample of 580 patients age 60 or older, with a formal diagnosis of rheumatoid arthritis will be enrolled at their clinic visit. A one-year randomized, controlled experiment will be used in which an experimental group patients receive a computerized assessment and prompt about their visit concerns while a control group receives a parallel placebo computerized assessment of their exercise patterns. In both cases, patient assessment summaries are given to the patients and to their physicians in the medical record. Baseline, 6 month and 12 month data will be collected on each patient. We hypothesize improved health status at 12 months for the primary outcomes of pain and physical function. Selected encounter dynamics hypothesized to help explain these outcomes will also be examined. We will audiotape patient-physician encounters to study these interaction dynamics. The primary analyses will examine differences at 12 months between the control and experimental groups using ANCOVA for continuous variables with baseline values of outcomes as a covariate, Dichotomous outcomes will be analyzed primarily by the Mantel Haenszel test and logistic regression.

**Grant:** 3R01AG016588-04S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CLARK, PHILLIP G SCD  
**Title:** STAGE BASED HEALTH PROMOTION WITH THE ELDERLY  
**Institution:** UNIVERSITY OF RHODE ISLAND KINGSTON,, RI  
**Project Period:** 1999/06/15-2004/03/31

DESCRIPTION (adapted from investigator's abstract): The broad, long-term objectives of this research project are to develop new and more effective intervention methods to improve the health and well-being of older adults. The specific aims are to determine the effectiveness of the Transtheoretical Model of Health Behavior Change in improving the physical activity and nutritional behavior singly and in combination in an older population; determine the effects on functional ability and general health outcomes of stage-based physical activity and nutrition interventions singly and in combination; and, study how older adults change their health behaviors. Research indicates that most health promotion programs recruit only those persons who are ready to adopt the new behavior, usually only approximately 20 percent of the general population. High levels of attrition and relapse rates result in an "impact rate" of approximately 1-5 percent. This project holds the potential for developing more effective methods to promote general health of older adults. The research will utilize a 2x2 design with 4 treatment groups: nutrition intervention alone, physical activity intervention alone, combined intervention, and control. Educational materials, including a manual, newsletters, expert feedback reports, and coaching phone calls, all based on the Transtheoretical Model of Health Behavior Change, will be developed. Measures used will include general health and functional assessments; objective and subjective physical activity and nutrition assessments; and stage and process of change, decisional balance, and self- efficacy measures. The 12-month intervention will include expert system generated reports, stage- based manual and newsletters and phone coaching.

**Grant:** 5R01AG016750-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CONTRADA, RICHARD J BA  
**Title:** RELIGION, AGING, AND ADAPTATION TO OPEN-HEART SURGERY  
**Institution:** RUTGERS THE ST UNIV OF NJ NEW NEW BRUNSWICK, NJ  
BRUNSWICK  
**Project Period:** 2000/02/01-2005/01/31

DESCRIPTION (adapted from investigator's abstract): Many middle-adult and older individuals face adaptive challenges stemming from chronic disease and its invasive treatment, which have acute and long-term effects on psychological well-being, quality of life, morbidity, and mortality. Religion and spirituality have received little attention as factors that may promote adaptation to chronic illness, despite their relevance to a large proportion of middle-aged and older adults in the U.S. Moreover, little is known about possible increases in religiousness and spirituality caused by serious illness, a factor that may account for frequently observed associations between religiousness and age/cohort. This project will examine the bi-directional relationships between religion/spirituality in adaptation to physical illness in open-heart surgery patients. It will employ a newly-constructed measure that includes multiple dimensions of religiousness/spirituality that have not heretofore been examined in relation to physical health and aging. A sample of 575 patients undergoing elective, open-heart surgery will be recruited into a prospective, longitudinal study. Biomedical and psychosocial data will be collected prior to surgery and at 2-week, 6-month, and 12 month follow-ups. The following hypotheses will be tested: (1) religiousness/spirituality facilitates adaptation to open-heart surgery; (2) beneficial effects of religiousness/spirituality are mediated by health behaviors, traditional psychosocial factors, and emotion; (3) older age is associated with greater beneficial effects of religiousness/spirituality; and (4) undergoing open-heart surgery increases religiousness/spirituality. This research will contribute to understanding the interplay between aging, physical disease, and psychological well-being, within a framework that integrates religiousness/spirituality with other adaptive resources deriving from the individual's personal attributes and social environment.

**Grant:** 5R01AG020175-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** COUNSELL, STEVEN R MD  
**Title:** Geriatric Resources for Assessment and Care of Elders  
**Institution:** INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS, IN  
INDIANAPOLIS  
**Project Period:** 2002/03/01-2006/02/28

DESCRIPTION (provided by applicant): We are proposing an innovative strategy to reduce fragmentation and improve the quality of care for a population of low income older adults with multiple chronic conditions and high health care costs. Prior studies have hypothesized that if the preventive care and ambulatory care for vulnerable older adults could be improved then disability, hospitalizations, nursing home placements, and costs could be reduced. Furthermore, recent studies have suggested that disparities in health outcomes among poor urban older adults might be reduced through efforts to improve the underdiagnosis and undertreatment of common geriatric syndromes. The most powerful interventions to achieve quality improvement for older adults involve system-level changes rather than interventions targeted at individual providers. The specific aim of this proposal is to conduct a four-year randomized controlled clinical trial to test the effectiveness of a collaborative model of team care as compared to usual care in improving functional outcomes among community-dwelling low-income older adults. This collaborative model of team care, Geriatric Resources for Assessment and Collaborative Care of Elders (GRACE) builds on the growing body of geriatric health services research suggesting that coordinated care across the continuum of care may improve outcomes for patients with chronic illness. The proposed intervention involves a geriatric nurse practitioner and a geriatric social worker caring for the vulnerable older adult in collaboration with the patient's primary care physician and in consultation with a geriatric specialty team. The specific components of GRACE mirror those recommended in recent reviews: a) specific targeting of elders at risk; b) availability of collaborative expertise in geriatrics; c) integration of the program into primary care; d) coordination of care across all sites of care; e) integration of data systems that support physician's practice and facilitate monitoring of pertinent clinical parameters; and f) institutionally endorsed clinical practice guidelines. We are hypothesizing that, compared to usual care, patients enrolled in the intervention will have: greater independence in activities of daily living, better health status scores, fewer nursing home days, and fewer hospitalizations over 2 years of follow-up.

**Grant:** 3R01AG019345-02S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ECKERT, JOHN K PHD  
**Title:** Transitions From Assisted Living: Sociocultural Aspects  
**Institution:** UNIVERSITY OF MARYLAND BALT CO BALTIMORE, MD  
CAMPUS  
**Project Period:** 2001/07/15-2005/06/30

DESCRIPTION (provided by applicant): Assisted Living (AL) represents a relatively recent and increasingly important form of environmentally supportive setting for the aged. Little is known, however, about many dimensions of AL. In general, AL units provide few and strictly limited health interventions and employ few health personnel. Significantly, residents must transfer from AL facilities at the point at which their health and other declines exceed the capacity of the AL facility and its personnel to care for them. Generally, residents leave AL facilities for nursing homes. The general aim of the proposed 4-year qualitative, anthropological study is to explore the experiences of AL residents as they prepare to leave their facility as part of the transition from AL resident to a next living setting. It is the operating assumption of this proposed research that within the culture of AL, indicators of cognitive, health, personal, and social status will be of special importance and concern, as members of the AL community "read" the signs and indicators of one's own and others' status. The major specific aims of the proposed research are these: (1) to examine the social and cultural processes of change and decline leading to transfer from assisted living; (2) to understand how residents, their family, and the AL staff read and interpret signs of decline, improvement, normalcy and change in the social and cultural environment of AL facilities; (3) to understand how the "explanatory models" (Kleinman, 1981) used by residents, family and caregiving staff and administrators to empirically monitor the processes of stability, decline and change map onto issues of retention and transfer; and (4) to examine facility-level characteristics as these might shape the processes of stability, decline and change. We propose a qualitative, ethnographic sequential study of 6 AL facilities in Maryland, to be varied by type of facility ("small," "traditional," and "new model") and level of care (2" or 3," according the Maryland system). Project staff will spend 4-5 months in each of the study facilities undertaking participant observation and in-depth qualitative interviews with residents, family, and staff. Data gathered in the study will be analyzed using qualitative and ethnographic techniques.

**Grant:** 5R01AG019345-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ECKERT, JOHN K PHD  
**Title:** Transitions From Assisted Living: Sociocultural Aspects  
**Institution:** UNIVERSITY OF MARYLAND BALT CO BALTIMORE, MD  
CAMPUS  
**Project Period:** 2001/07/15-2005/06/30

DESCRIPTION (provided by applicant): Assisted Living (AL) represents a relatively recent and increasingly important form of environmentally supportive setting for the aged. Little is known, however, about many dimensions of AL. In general, AL units provide few and strictly limited health interventions and employ few health personnel. Significantly, residents must transfer from AL facilities at the point at which their health and other declines exceed the capacity of the AL facility and its personnel to care for them. Generally, residents leave AL facilities for nursing homes. The general aim of the proposed 4-year qualitative, anthropological study is to explore the experiences of AL residents as they prepare to leave their facility as part of the transition from AL resident to a next living setting. It is the operating assumption of this proposed research that within the culture of AL, indicators of cognitive, health, personal, and social status will be of special importance and concern, as members of the AL community "read" the signs and indicators of one's own and others' status. The major specific aims of the proposed research are these: (1) to examine the social and cultural processes of change and decline leading to transfer from assisted living; (2) to understand how residents, their family, and the AL staff read and interpret signs of decline, improvement, normalcy and change in the social and cultural environment of AL facilities; (3) to understand how the "explanatory models" (Kleinman, 1981) used by residents, family and caregiving staff and administrators to empirically monitor the processes of stability, decline and change map onto issues of retention and transfer; and (4) to examine facility-level characteristics as these might shape the processes of stability, decline and change. We propose a qualitative, ethnographic sequential study of 6 AL facilities in Maryland, to be varied by type of facility ("small," "traditional," and "new model") and level of care (2" or 3," according the Maryland system). Project staff will spend 4-5 months in each of the study facilities undertaking participant observation and in-depth qualitative interviews with residents, family, and staff. Data gathered in the study will be analyzed using qualitative and ethnographic techniques.

**Grant:** 3R01AG018037-04S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FREDMAN, LISA PHD  
**Title:** HEALTH DECLINE IN AGED CAREGIVERS: EPIDEMIOLOGIC STUDY  
**Institution:** BOSTON UNIVERSITY MEDICAL CAMPUS BOSTON, MA  
**Project Period:** 1999/09/30-2004/08/31

Informal caregivers experience high rates of burden and psychological distress, but whether caregiving has adverse effects on the caregiver's physical health is less well-established. The proposed study aims to a) compare change in physical health between caregivers and non-caregivers over a 2-year period; and b) compare the effects of factors directly associated with caregiving (e.g, hours/day in caregiving activities) and indirectly associated with caregiving (e.g., use of psychotropic medications) on change in physical health over a 2-year period. This study will be conducted as an ancillary study to the Study of Osteoporotic Fractures (SOF), a 4-site prospective study of osteoporosis and related conditions among elderly community-dwelling women. A screening questionnaire will be administered to all eligible SOF participants, including the newly-recruited African-American cohort, at the 6th SOF clinic visit to identify a sample of 600 SOF participants who are informal caregivers (including an estimated 100 African-American caregivers) and 600 non-caregivers, matched on age-, SOF site-, and race. This study will collect data from caregivers and non-caregivers through interviewer-administered questionnaires in face-to-face interviews at baseline and at 1- and 2-years post-baseline. These data will cover caregiving activities, physical effort of caregiving, depressive symptoms, stress, coping, stress-related behaviors, and weight and ADL/IADL functioning. These data will be linked to the 6th SOF clinic data on physical and functional health, cognitive status, weight, physical activities, sleep disturbance, and neuromuscular functioning, and SOF follow-up data on falls, fractures, health care use, and mortality. Longitudinal analyses will test hypotheses that caregivers have a higher rate of health decline than non-caregivers (e.g., change in ADLs/IADLs, falls, fractures, weight change) and hypotheses on the associations among caregiving activities, stress-related behaviors and health decline among white versus African-American caregivers. This study will benefit from its prospective design, its link to a large multi-site population-based cohort of elderly women, and a wealth of standardized self-report, clinical, and functional measures on physical health. The number of elderly caregivers in the United States is growing; this group is at highest risk of adverse health effects of caregiving. These study results will provide epidemiologic evidence of adverse physical health outcomes of caregiving, and implications for detection and prevention of health decline in caregivers.



**Grant:** 5R01AG018037-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FREDMAN, LISA PHD  
**Title:** HEALTH DECLINE IN AGED CAREGIVERS: EPIDEMIOLOGIC STUDY  
**Institution:** BOSTON UNIVERSITY MEDICAL CAMPUS BOSTON, MA  
**Project Period:** 1999/09/30-2004/08/31

Informal caregivers experience high rates of burden and psychological distress, but whether caregiving has adverse effects on the caregiver's physical health is less well-established. The proposed study aims to a) compare change in physical health between caregivers and non-caregivers over a 2-year period; and b) compare the effects of factors directly associated with caregiving (e.g, hours/day in caregiving activities) and indirectly associated with caregiving (e.g., use of psychotropic medications) on change in physical health over a 2-year period. This study will be conducted as an ancillary study to the Study of Osteoporotic Fractures (SOF), a 4-site prospective study of osteoporosis and related conditions among elderly community-dwelling women. A screening questionnaire will be administered to all eligible SOF participants, including the newly-recruited African-American cohort, at the 6th SOF clinic visit to identify a sample of 600 SOF participants who are informal caregivers (including an estimated 100 African-American caregivers) and 600 non-caregivers, matched on age-, SOF site-, and race. This study will collect data from caregivers and non-caregivers through interviewer-administered questionnaires in face-to-face interviews at baseline and at 1- and 2-years post-baseline. These data will cover caregiving activities, physical effort of caregiving, depressive symptoms, stress, coping, stress-related behaviors, and weight and ADL/IADL functioning. These data will be linked to the 6th SOF clinic data on physical and functional health, cognitive status, weight, physical activities, sleep disturbance, and neuromuscular functioning, and SOF follow-up data on falls, fractures, health care use, and mortality. Longitudinal analyses will test hypotheses that caregivers have a higher rate of health decline than non-caregivers (e.g., change in ADLs/IADLs, falls, fractures, weight change) and hypotheses on the associations among caregiving activities, stress-related behaviors and health decline among white versus African-American caregivers. This study will benefit from its prospective design, its link to a large multi-site population-based cohort of elderly women, and a wealth of standardized self-report, clinical, and functional measures on physical health. The number of elderly caregivers in the United States is growing; this group is at highest risk of adverse health effects of caregiving. These study results will provide epidemiologic evidence of adverse physical health outcomes of caregiving, and implications for detection and prevention of health decline in caregivers.

**Grant:** 5R01AG019769-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FRIED, TERRI R. BA  
**Title:** Treatment Goals at the End of Life  
**Institution:** YALE UNIVERSITY NEW HAVEN, CT  
**Project Period:** 2002/05/15-2005/04/30

DESCRIPTION (provided by applicant): Meeting the preferences of terminally ill persons is essential to the provision of quality end-of-life care. Although many intervention studies have been based on the assumption that terminally ill patients desire less technologically intensive care, this assumption has not been well studied. As the first longitudinal study of the treatment preferences of older terminally ill persons, the overall objective of this study is to examine changes in the preferences of both patients and their families across a spectrum of diseases as the patient's illness progresses. The primary aim is to determine the effect of primary diagnosis, health status, and healthcare utilization on the preferences of patients and their families. The proposed study will involve 226 terminally ill older persons and a family member. They will be interviewed in their homes every four months if medically stable, and as frequently as every month if the illness is progressing. In contrast to previous studies, which have primarily measured preferences in terms of specific treatment preferences, this study will use patient-centered measures of preferences. Derived from qualitative research, these reliable and valid instruments measure preference in terms of treatment goals. The relationship between disease diagnosis, health status (functional status, symptoms, self-rated health), healthcare utilization (hospitalization, intensive care unit admissions, nursing home admissions), and understanding of the illness prognosis and preferences will be examined using longitudinal repeated measures analysis. The understanding of patients'and family members'treatment goals over the course of a terminal illness is essential to the development of new systems of care for terminally ill patients. Furthermore, the characterization of patients'preferences in terms of their treatment goals instead of their specific treatment preferences provides the basis for future interventions designed to improve physician-patient communication. This study utilizes a unique cohort of community-dwelling older persons identified as having a terminal illness by objective criteria.

**Grant:** 3R01AG019769-02S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FRIED, TERRI R. BA  
**Title:** Treatment Goals at the End of Life  
**Institution:** YALE UNIVERSITY NEW HAVEN, CT  
**Project Period:** 2002/05/15-2005/04/30

DESCRIPTION (provided by applicant): Meeting the preferences of terminally ill persons is essential to the provision of quality end-of-life care. Although many intervention studies have been based on the assumption that terminally ill patients desire less technologically intensive care, this assumption has not been well studied. As the first longitudinal study of the treatment preferences of older terminally ill persons, the overall objective of this study is to examine changes in the preferences of both patients and their families across a spectrum of diseases as the patient's illness progresses. The primary aim is to determine the effect of primary diagnosis, health status, and healthcare utilization on the preferences of patients and their families. The proposed study will involve 226 terminally ill older persons and a family member. They will be interviewed in their homes every four months if medically stable, and as frequently as every month if the illness is progressing. In contrast to previous studies, which have primarily measured preferences in terms of specific treatment preferences, this study will use patient-centered measures of preferences. Derived from qualitative research, these reliable and valid instruments measure preference in terms of treatment goals. The relationship between disease diagnosis, health status (functional status, symptoms, self-rated health), healthcare utilization (hospitalization, intensive care unit admissions, nursing home admissions), and understanding of the illness prognosis and preferences will be examined using longitudinal repeated measures analysis. The understanding of patients'and family members'treatment goals over the course of a terminal illness is essential to the development of new systems of care for terminally ill patients. Furthermore, the characterization of patients'preferences in terms of their treatment goals instead of their specific treatment preferences provides the basis for future interventions designed to improve physician-patient communication. This study utilizes a unique cohort of community-dwelling older persons identified as having a terminal illness by objective criteria.

**Grant:** 5R01AG019380-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FRIEDMAN, ROBERT H AB  
**Title:** Telecom Technology to Improve Adherence to Medication  
**Institution:** BOSTON MEDICAL CENTER BOSTON, MA  
**Project Period:** 2002/07/15-2007/06/30

DESCRIPTION (provided by investigator): The aim of the study is to evaluate the utility of behavior theory-directed computer-based telecommunications technology to improve medication regimen adherence in adult patients with chronic disease. To this end, we will enhance an existing telecommunications system Telephone-Linked Care for Medication Adherence (TLC-MED) that applies constructs from Social Cognitive Theory (SCT) to monitor, educate and counsel adults with chronic disease through weekly automated telephone conversations. The system also sends periodic reports to their physicians to assist in patient care. In the proposed study, we will enhance the existing version of TLC-MED, which was shown to be effective in a randomized clinical trial of patients with hypertension, in the following manner. We will more fully apply four SCT constructs (self-efficacy, outcome expectations, behavioral capability, and reinforcement) in the TLC-MED conversations and use electronic medication monitoring which is more accurate than patient self-report. We will combine this enhanced version of TLC-MED with TLC chronic disease monitoring modules for four common chronic diseases (hypertension, coronary heart disease, chronic obstructive lung disease, and diabetes mellitus) to create an integrated TLC-MED chronic disease system. Because of the increasing prevalence and importance of delivering health care services to patients who have more than one chronic disease, we will study TLC-MED in patients who have at least two of these four common chronic diseases. Because of societal needs to provide health care services to disadvantaged populations, we will study TLC-MED in two clinical settings with large numbers of disadvantaged patients, both African-American and Caucasian. TLC-MED will be evaluated in a two-arm randomized clinical trial of 440 adult, primary care patients. All subjects will have an educational session to promote medication regimen adherence. In addition, TLC-MED subjects will use the system weekly for 6 months. All subjects will be evaluated for outcomes at baseline, 6 months, and 15 months (9 months post-intervention). The principal outcomes will be (1) overall medication regimen adherence, (2) medication regimen adherence for each of the four targeted diseases and a non-targeted chronic disease, (3) intervening behavioral variables (the four SCT constructs), and (4) distal clinical variables (general and disease-specific). We will also explore how disease co-morbidity affects medication adherence and the TLC-MED intervention effects.

**Grant:** 5R01AG013687-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GITLIN, LAURA N MA  
**Title:** ENHANCING FUNCTION OF FRAIL ELDERLY BY MODIFYING THE HOME  
**Institution:** THOMAS JEFFERSON UNIVERSITY PHILADELPHIA, PA  
**Project Period:** 1999/06/01-2004/05/31

Functional disability is a major adverse outcome of age-related chronic diseases. It is associated with diminished capacity to perform activities of daily living, increased fear and risk of falling, depression, higher service utilization and health care costs. The proposed intervention study is a two-group (intervention vs. control) randomized trial which tests the effectiveness of a home-based, client-tailored, environmental modification program that targets functionally vulnerable older adults. This theoretically-guided intervention is based on principles from a competence-environmental press framework and personal control theory. It involves instruction in a combination of behavioral and environmental strategies that provide primary mechanisms of control over the environment and the ability to perform basic and instrumental activities of daily living. Strategies include use of assistive devices and home alterations, energy conservation, proper body mechanics, safe fall and fall recovery methods, and task breakdown techniques that are designed to minimize the impact of functional limitations and afford personal efficacy. Strategies are selected based on assessment, personal goals and environmental and performance risk factors. The program involves a 6-month active phase that consists of 5 home visits and 1 telephone contact by a health professional in which strategies are implemented. A 6-month maintenance phase follows involving 1 home visit and 3 telephone contacts to reinforce and refine environmental strategy use. The study will enroll 318 community-living elders 70 + years of age from the waiting lists of the Philadelphia Corporation for Aging, the Area Agency on Aging. Subjects will be stratified by gender and living arrangement (alone vs. live with other) and randomized to either a usual care control group or the experimental group. All participants will be assessed at baseline (T1), 6 months (T2) and 12 months (T3) post-baseline. The specific study aims are to: 1) Test the immediate effect (T1-T2) of intervention on functional status, self-efficacy and home safety; 2) Test the maintenance effect (T2-T3) of intervention on functional status, self-efficacy and home safety; 3) Evaluate the cost-effectiveness of the intervention or the net cost of intervention to improvement of functional status and reduction of health and human service utilization. A secondary aim is to evaluate the impact of intervention on rate of falls and depressive symptomatology. Another secondary aim is to explore the differential impact of intervention and whether the above outcomes are moderated by gender, living arrangement, and baseline efficacy beliefs and depression. Last, we seek to describe the intervention process and specifically, the therapeutic techniques that are used, the staying power of each environmental strategy and the process of developing a therapeutic relationship using a client-centered approach.

**Grant:** 5R01AG022254-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GITLIN, LAURA N MA  
**Title:** Reducing Family Caregiver Upset with Disruptive Behavior  
**Institution:** THOMAS JEFFERSON UNIVERSITY PHILADELPHIA, PA  
**Project Period:** 2002/09/30-2007/08/31

**DESCRIPTION** (provided by applicant): This application is in response to the RFA NR-02-001 "Informal Caregiving Research for Chronic Conditions." It proposes a randomized control trial to test the effectiveness of a targeted intervention to reduce family caregiver upset with disruptive behaviors and burden, and frequency of behavioral occurrences in persons with Alzheimer's disease and related disorders (ADRD). The study targets 272 highly stressed racially diverse family caregivers providing in-home care to persons at moderate stage dementia, a point in the disease in which behavioral disturbances typically occur and caregiver stress significantly increases. The in-home intervention we plan to test is theory-driven and multidisciplinary and combines empirical evidence with knowledge of best clinical practice. To enhance its clinical applicability, the intervention is designed to be reproducible and its components reimbursable under current Medicare guidelines. The intervention provides families with the requisite knowledge and skills to control their own stress and identify, manage and reduce both the internal (e.g., medical causes) and external (e.g., environmental) factors that may contribute to disruptive behavior in the home. The first intervention component involves a home visit from an advanced practice nurse who will provide education to caregivers about dementia and disruptive behaviors, and screen for and coordinate treatment of underlying medical conditions (e.g., infection) that may contribute to the behavioral disturbance in the person with ADRD. Regardless of medical outcome, the next intervention component involves home visits and telephone contacts by an occupational therapist who will provide in-home caregiver training in (1) stress reduction, (2) problem solving to identify antecedent environmental conditions that provoke behaviors, (3) communication, task and environmental simplification techniques to prevent and manage disruptive behaviors; and (4) environmental modifications (e.g., placement of visual cues, de-cluttering, assistive devices) to minimize excess stimulation and disorientation contributing to target behaviors. The intervention will be tested using a randomized two-group design in which 272 caregivers will be assigned to 6-months of intervention or a usual care control group, and evaluated at baseline, 4 and 6-months. The specific aims are to (1) test immediate intervention effectiveness (4-months) to reduce caregiver upset with targeted disruptive behaviors (primary outcome); (2) test immediate intervention effectiveness (4-months) to reduce caregiver burden (secondary outcome); (3) test immediate intervention effectiveness (4-months) to reduce occurrence of targeted disruptive behaviors in persons with dementia (secondary outcome); (4) test the intervention maintenance effect (6-months) on caregiver upset and burden and targeted disruptive behaviors; and (5) assess the cost and cost effectiveness of the intervention. We also propose two exploratory aims. We will evaluate the mechanisms of action, or the pathways by which treatment gains are obtained, by examining whether improvement in quality of caregiving through skill acquisition (e.g., self-efficacy, caregiver use of positive communication and task simplification techniques), mediates treatment effectiveness. Second, given that previous research suggests that caregiver characteristics may moderate caregiving experiences and treatment outcomes, we plan to evaluate whether there is a differential treatment effect based on the caregiver's gender, race and relationship to the ADRD patient.

**Grant:** 5R01AG015301-15  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GRANT, IGOR MD  
PSYCHIATRY:PSYCHIATRY-  
UNSPEC  
**Title:** Alzheimer Caregiver Coping: Mental and Physical Health  
**Institution:** UNIVERSITY OF CALIFORNIA SAN DIEGO LA JOLLA, CA  
**Project Period:** 1997/09/30-2006/08/31

The experiences of elderly caregivers of Alzheimer relatives (CG) can be viewed as a model of chronic human stress in aging. Our work in the past funding cycle has been guided by the notion that such stress is accompanied by increased sympathoadrenalmedullary (SAM) activation whose cardiovascular and molecular responses may be amplified by superimposed stressors such as excessive care demands relative to respite received ("vulnerable CG"). The results to date indicate heightened basal circulating epinephrine (E) in vulnerable CG, altered L-selectin cell adhesion molecule (CAM) expression, down-regulation of beta-adrenergic receptors of lymphocytes, but no systematic changes in heart rate or blood pressure variability. Vulnerable CG who received a two week respite intervention demonstrated lessened circulating E in response to stressors compared to wait-listed CG, but there were no systematic treatment-related changes in other variables. Pilot data revealed: 1) increased expression of procoagulation factors (especially D-Dimer) which correlated with amount of sleep disturbance and level of catecholamines; 2) Vulnerable CG had less total sleep time and more awakenings than nonvulnerable CG. In the proposed research we wish to refine our understanding of the molecular changes underlying chronic and acute stress in elderly caregiving. The basic theory is that the chronic stress of caregiving yields a state of relative SAM arousal reflected in greater resting and stressor-related releases of catecholamines. As outcome variables of chronic and acute stressors related to caregiving, we shall focus on coagulation factors and cellular adhesion molecules, each of which has been associated with heightened risk of cardiovascular morbidity and mortality. The general hypothesis is that elderly caregivers, versus noncaregiving controls (NC) will have greater SAM arousal and greater expression of coagulation and adhesion molecules. It is posited further that those caregivers who have background medical risks (history of cardiovascular disease or hypertension), and who experienced superimposed stressors, such as excessive caregiving demands, or other negative life events, will be selectively vulnerable to these physiological changes. Disturbed sleep environment is posited to be one of the pathways whereby caregiving stressors are translated into SAM arousal and molecular changes. The study design calls for recruitment of 120 elderly caregivers (CG) and 60 noncaregiving controls (NC). Laboratory-derived speech stressor tasks will be used to probe differences in SAM responsivity to speech stressors between CG and NC, as well as CG at several levels of "mismatch" between caregiving demand and respite received. At-home polysomnography and actigraphy will monitor sleep disruption, sleep disorders (e.g., sleep apnea), and circadian activity variation. In the longitudinal phase, subjects will be re-evaluated annually to determine if hypothesized recovery of SAM arousability occurs in those CG who have placed their spouse, or whose spouse has died. The results of this research should bring us closer to understanding the physiological and molecular mechanisms underlying increased morbidity in elderly persons under chronic stress.

**Grant:** 1R01AG021515-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HAUPTMAN, PAUL J MD  
**Title:** Decision Making in End-Stage Heart Failure  
**Institution:** ST. LOUIS UNIVERSITY ST LOUIS, MO  
**Project Period:** 2003/06/15-2007/05/31

DESCRIPTION (provided by investigator): The investigator, Paul J. Hauptman MD, proposes a program of research focused on congestive heart failure in its advanced stages. This is a disease of increasing prevalence, especially in the elderly, accounting for high morbidity and mortality. However, little is known about actual and self-reported practice. The research program is in two complementary parts. The first is designed to examine the use of chronic continuous outpatient intravenous infusions of inotropic drugs, a therapy associated with high costs, unproven clinical efficacy and the potential to shorten survival while achieving palliation. The investigator will use administrative and clinical data from several Medicare databases including the records of a Durable Medical Equipment carrier encompassing a 17-state region and Medicare Provider Analysis and Review (MedPAR), Carrier, Denominator and Hospice Analytical Files for the period 1997-2000. Specifically, the population of older Medicare beneficiaries receiving, and the physicians prescribing, this therapy will be described and contrasted with the demographics and outcomes of older patients hospitalized for heart failure but not receiving the drugs. The data will be used to develop predictors of inotropic agent use and mortality in this group at risk for re-admission and death. The second part is designed to assess physicians' knowledge about, attitudes toward and practices regarding the care of end-stage heart failure patients including perceptions of patient prognosis, quality of life, efficacy/toxicities of inotropic drugs and the role for hospice in a survey of 1200 cardiologists, geriatricians, internists and family/general practitioners. Approximately one-third of the physicians will be known prescribers of inotropic drugs. We plan to investigate how physicians make decisions and the degree to which the care an end-stage patient receives is influenced by physician specialty, volume, or other factors. Formal survey development methodology including performance of focus groups, cognitive interviews, and pilot testing will be applied. These studies will form the conceptual framework for an intervention study designed to address, at physician and patient levels, the process of selection of care options for older heart failure patients near the end of life.



**Grant:** 5R01AG016732-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HEBERT, LIESI E AB  
**Title:** COMMUNITY EPIDEMIOLOGIC STUDY OF CAREGIVING AND HEALTH  
**Institution:** RUSH-PRESBYTERIAN-ST LUKES MEDICAL CHICAGO, IL  
CTR  
**Project Period:** 2000/09/30-2005/08/31

This is a revision of an application which was not funded. A population-based longitudinal study of the physical and psychological health effects of caregiving among African American and white community residents over age 65 is proposed to test the following hypotheses: 1) Caregivers will experience greater declines in physical health than non-caregivers as measured by: a. self-reported physical disability and health status; b. direct tests of physical performance; and c. self-reported health behaviors; 2) Caregivers will experience greater declines in psychological health (depressive symptoms, anxiety, anger) and smaller increases in six measures of positive well-being than non-caregivers; 3) Negative consequences of caregiving will be modified both by characteristics of the care recipient and by the resources available to the caregiver: a. Negative consequences will increase with the severity of the care recipient's cognitive, physical, and behavioral problems and with greater duration and time spent providing care; b. Negative consequences will decrease with greater caregiver income and social support; 4) African American caregivers will experience fewer negative consequences than white caregivers, which will be explained by more positive appraisals of caregiving and greater religiosity. The study design permits observation of the full range of caregiving activities, consequences and mitigating factors in a population representative group of caregivers. The study will distinguish between health changes occurring in this age group due to other causes and those due to caregiving because caregivers will be compared to a truly representative group of non-caregivers selected from the same community cohort. Observations for some will begin before start of caregiving and extend after its end. The study will use standardized measures and will build on data already collected in conjunction with a group which has been successful in achieving high rates of follow-up participation in biracial community studies. Results will quantify the caregiving exposures that lead to health consequences. Factors found to minimize negative health effects will provide potential interventions to minimize stress and maintain the health of older caregivers, and thereby minimize the social and economic impacts of caregiving.

**Grant:** 1R01AG023424-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HUGHES, SUSAN L DOTH  
**Title:** Exercise Adherence Among Older Adults with Osteoarthritis  
**Institution:** UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO, IL  
**Project Period:** 2003/09/30-2008/08/31

DESCRIPTION (provided by applicant): Osteoarthritis (OA) is the most common condition affecting older people today. It is the leading cause of disability among older people and its impact is projected to increase substantially with the aging of the U.S population (CDC, 1999; CDC, 2003). To date, 10 randomized trials of exercise interventions have been conducted among persons with OA. Although most report positive short-term outcomes at three months or less, only two have reported mixed findings on longer-term adherence and related outcomes at 12 or 18 months. This paucity of data on the maintenance of long-term exercise behavior among persons with OA indicates an urgent need for additional studies of issue. This study will use a multi-site randomized controlled trial with repeated measures to assess the comparative effects of two different ways of enhancing long-term adherence to and benefits associated with participation in the evidence-based, Fit and Strong multi-component exercise intervention for older persons with lower extremity OA (Hughes et al., in press). We will recruit 600 persons to participate in the 8-week Fit and Strong program. At the conclusion of Fit and Strong, participants will be stratified by arthritis severity and randomized to either Negotiated Maintenance, in which individualized tailored adherence plans will be developed, or Mainstreamed Maintenance, in which participants will be mainstreamed into an ongoing facility-based program at each of four participating study sites. In addition, half of the participants in both maintenance arms will be randomly assigned to receive telephone reinforcement. We will use generalized estimating equations and random effects models to test the hypotheses that Negotiated maintenance participants will experience significantly greater levels of adherence to exercise at 2, 6, 12, 18, and 24 months, and significant improvements in self-efficacy for exercise, self-efficacy for exercise adherence, self reported and observed functional status, and psychosocial measures compared to Mainstreamed maintenance participants at 2, 6, 12, and 18 months.

**Grant:** 1R01AG020282-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** JACKSON, JAMES S PHD  
**Title:** Family Connections Across Generations and Nations  
**Institution:** UNIVERSITY OF MICHIGAN AT ANN ARBOR ANN ARBOR, MI  
**Project Period:** 2003/08/15-2007/07/31

**DESCRIPTION (provided by applicant):** The purpose of this proposed study is to investigate solidarity, support and conflictual processes, and health and well-being outcomes, within and across ethnically and nationally diverse population samples of three-generation families. The Convoy Model of Social Support (Antonucci, 2002) and Solidarity and Conflict in Multi-Generation Families (Bengtson et al, 2001) provide a conceptual base for the study. It will capitalize on the NIMH funded National Study of African American Mental Health (field name - National Survey of American Life [NSAL]) to identify internationally representative samples of three-generation family lineages. Based upon current rates of identification in the ongoing NSAL (to be completed in November 2002), over 60% of the completed sample is expected to be members of eligible three-generation lineage families of African American, Caribbean black, and white non-Hispanic backgrounds, with members who reside both in the U.S. and internationally. We propose to obtain a random sample of 4158 individuals, or 1386 three-generation triads, to be interviewed in this proposed survey. Moreover, we would also link to two separately funded, parallel studies: a methodologically and conceptually parallel 3-generation telephone study in Japan and a European Community-funded study of five nations. The specific aims of this proposal are to: 1. Identify and explore the nature of intergenerational linkages and examine comparatively their structure, function, stability, and change as affected by migration, acculturation, ethnicity, race, gender and age, in representative population samples; 2. Explore the implications of different family structures, support and solidarity and conflict among generational members and the influences on health and well-being; 3. Explore in detail the growing social service needs and utilization patterns across generations, within families linked to societal and global aging, especially across migrational and acculturative differences, ethnicity, race, gender and age groupings; and 4. Examine the nature of cross-national similarities and differences in the previously noted structures and the function of intra-familial, intergenerational linkages in the United States, Europe and Japan. Dramatic demographic transformations create unique challenges that are changing the basic structure of societies around the world. The proposed study will help us anticipate, understand, and design support programs to cope with the challenges and problems facing individuals at all generation positions, families, and societies in the new century.

**Grant:** 2R01AG010738-10A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KAHANA, EVA PHD  
**Title:** Buffers to Impairment/Disability of Old-Old Continuation  
**Institution:** CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH  
**Project Period:** 1992/06/05-2008/04/30

DESCRIPTION (provided by applicant): We request renewal of our ongoing study of Buffers of the Impairment/Disability Cascade for five years, to achieve four primary aims that allow for major conceptual and methodological contributions: (1) test of our innovative proactivity-based model of health maintenance and successful aging (Kahana & Kahana, 1996; 2003); (2) generalize the model across sociodemographic contexts; (3) generalize the model across temporal contexts (age cohorts); and (4) extend the follow-up of long-term surviving members of our original sample from 14 to 18 years. We plan annual longitudinal follow-ups with a representative sample of 1,250 participants recruited from our two original study communities (On Top of the World Retirement Community in Clearwater, Florida, and Cleveland, Ohio) and from two newly added communities (Celebration, Florida, and Miami, Florida). Recognizing the growing diversity of lifestyles and ethnic backgrounds of the aged of the 21st Century, we will recruit Cuban-Hispanic study participants, and older adults who live in communities supporting age-integrated living, high levels of technology use, and social engagement. We thus maximize our understanding of the range and efficacy of proactive adaptations used by diverse older adults. Our cross-sequential cohort design will also permit comparison of a birth cohort of older adults who entered our original study 14 years ago with a birth cohort of the same age (70-83) entering the study 14 years later. Interviews will be conducted by trained interviewers with respondents randomly selected from Centers for Medicare & Medicaid Services lists. Attrition rates of 7-13 percent per year are estimated to yield a total sample size of 920 respondents during the final fourth year follow-up. To the extent the proposed model is supported across a broad range of communities and study populations and in two different cohorts, the causal relationships proposed would appear to be highly generalizable, rather than being restricted to unique and homogeneous groups of elders. We can realistically aim to achieve the ambitious goals of our planned study because it is closely linked to continuing our long-term research on Buffers of the Impairment/Disability Cascade among the Old-Old, which provides a committed cohort of long-term study participants, a closely collaborating research team, and an infrastructure of fieldwork experience and measurement resources.

**Grant:** 5R01AG016758-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KAHANA, EVA F PHD  
**Title:** HEALTH CARE PARTNERSHIPS AND SELF CARE OF OLDER ADULTS  
**Institution:** CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH  
**Project Period:** 1999/08/01-2004/05/31

We will examine how responsiveness of Health Care Partners (Primary Care Physicians and Health Significant Others) and self-care undertaken by old-old adults (80+) lessens the adverse impact of chronic illness on their ability to function and help maximize the quality of their lives. Physicians, patients, and Health Significant Others are seen as partners in care, with responsiveness of Health Care Partners enhancing preventive and corrective self-care by patients. Extensive data will be obtained from elders about self-care goals and strategies, patterns of consultation with Health Care Partners, other providers, and lay health consultants, and about perceived responsiveness of Health Care Partners. A major innovative focus of the study deals with mutual influences between responsiveness of Health Care Partners on patterns of support use by elders. Complementary and compensatory models of patient interaction with physicians and Health Significant Others will be considered. We will obtain a long term longitudinal follow-up of old-old adults living in sunbelt retirement communities and a broad cross-section of urban elderly and racial minorities. We will collect four annual waves of data based on in-home interviews of an estimated 350 respondents in Florida and 350 respondents in Cleveland. These elderly constitute committed cohorts in two probability samples of community-based elders. Based on prior attrition rates, a combined sample size of 527 elderly persons is projected for the fourth year follow-up. We will also conduct annual telephone surveys with Primary Care Physicians and Health Significant Others of respondents to ascertain responsiveness in terms of patient knowledge, involvement and communication. We will use least squares regression, structural equations, latent growth curve analysis, and event history analysis to test our comprehensive causal model regarding buffers of the Disability Cascade. Specifically, we will examine the buffering effects of patient-responsive medical care, lay support, and proactive adaptation on the progression from chronic illness to disability and diminished quality of life. Data will also be obtained on satisfaction with health care, mortality and cost of care (information based on Medicare records) as salient medical outcome variables.

**Grant:** 1R01AG021985-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KANE, ROBERT L MD  
**Title:** Nursing Effort and Quality in Long-Term Care Facilities  
**Institution:** UNIVERSITY OF MINNESOTA TWIN CITIES MINNEAPOLIS, MN  
**Project Period:** 2003/06/01-2005/05/31

DESCRIPTION (provided by applicant): The purpose of this study is to examine the relationship between nursing effort and quality of care for nursing home residents. This study uses extant data from time studies of nursing staff in three states and MDS data on the nursing home residents who were cared for by nurses in the time study to address the relationship between nursing effort and quality of care. Nursing effort is measured by the amount of minutes per day provided to each resident by nursing staff type (RN, LPN, aide, and other direct care staff). The quality measures, which cover both care processes and outcomes, are derived from the MDS and they employ case-mix adjusted quality indicators that have been widely used in previous studies but without the case mix adjustment. Multi-level analysis, HLM, will be used to address the nesting of effects where residents are clustered within nursing units. This study represents a major advance over prior work. Nearly all previous research into staffing and care quality has relied on facility-level measures of staffing and quality. This study will allow for a much more fine-grained analysis of both unit and resident-level effects. The database consists of 3125 residents in 98 nursing units from 62 facilities. Results should shed light on the current policy debate over nursing home staffing standards.

**Grant:** 5R01AG020962-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KAUFMAN, SHARON R PHD  
**Title:** Old Age, Life Extension, and Geriatrics  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 2002/09/30-2006/08/31

DESCRIPTION (provided by applicant): The goal of this 4-year qualitative anthropological study is to investigate first, how physicians, patients age 70 and over and their families make decisions regarding the use of three groups of life-extending medical procedures (cardiac bypass, angioplasty and stent; kidney and liver transplant; and renal dialysis) and how they each respond to those procedures; and second, to identify socio-cultural issues of relevance to physicians and to society regarding the growing use of life-extending medical procedures on elderly patients. This will be an empirical, ethnographic study based on the collection of data by in-depth interviews with physicians, patients and their families, and by participant-observation of support groups for cardiac and transplant patients and of physician-patient discussions where life-extending procedures are discussed. There are 4 specific aims: 1) to provide a descriptive account of physician, patient, and family understandings of relationships among changing conceptions of old age, health in late life and expectations about life-extending medical care; 2) to learn how physicians in different specialties are extending the lives of their elderly patients and the values underlying their decisions; 3) to learn the structural and cultural constraints on their choices for life-extending procedures; and 4) to describe patient and family choices, knowledge and values. Coding-based qualitative data analysis will be used: cross-sectional comparison, thematic analysis, case studies, and frequencies of response. The interpretive goal is to examine in detail the social, structural and medical practices and values brought to bear on the extension of life at progressively older ages. This will be the first research that comprehensively addresses medical and lay decision-making surrounding life-extending medical procedures for older persons, and the responses and experiences of physicians, patients and families to those procedures.

**Grant:** 1R01AG021010-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KING, ABBY C PHD  
**Title:** Combining Exercise and Diet in Older Adults  
**Institution:** STANFORD UNIVERSITY STANFORD, CA  
**Project Period:** 2003/07/01-2008/06/30

DESCRIPTION (provided by applicant): Older adults, particularly those caring for impaired loved ones (family caregivers), are at substantial risk for inactivity and sub-optimal dietary patterns. The physiological impact and resultant reductions in chronic disease risk obtained by enhancing both of these key health behaviors have been increasingly recognized. Yet, the best methods for combining the two to optimize behavioral success, with respect to sustained improvements in physical activity and healthful dietary intake, remain unclear. Two general temporal approaches have been utilized to date: a Sequential approach that emphasizes shaping of positive experiences in one health behavior prior to introducing the second behavior (learning theory perspective); and a Simultaneous approach that focuses on the benefits that can be more rapidly gained by introducing both behaviors concurrently (a 'life change' perspective). No systematic comparison of these two approaches in influencing sustained physical activity and dietary change currently exists. The objective of this study is to compare these alternative approaches by conducting a randomized controlled trial to evaluate the effects of a 12-month telephone-supervised, home-based physical activity + dietary intervention, conducted in either a sequential or simultaneous fashion, on physical activity and dietary patterns. Older adult caregivers (N=240) who are under-active and have sub-optimal diets, will be randomly assigned to one of three programs or to an attention-control arm. The four arms will be matched with respect to amount and type of staff contact. Data will be collected at baseline, 4, 8, and 12 months using appropriate physical activity, dietary, physical performance, and quality of life measures. Our primary hypotheses are that (1) caregivers assigned to the experimental arms will show greater 12-month improvement in both behaviors than controls, and (2) those randomized to one of the two Sequential exercise + diet programs will show greater improvements in the two behaviors relative to adults assigned to the Simultaneous program, due to the greater mastery and lower level of stress engendered by this 'smaller steps' approach. Additional questions of interest include evaluation of potential mediators and moderators of the interventions, and intervention related effects on physical functioning and health-related quality of life. This study will contribute important theoretical and public health information concerning how best to combine physical activity and dietary behaviors to optimize sustained adherence and promote desirable health outcomes.



**Grant:** 2R01AG001760-23  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KLAG, MICHAEL J MPH  
**Title:** Precursors of Premature Disease and Death  
**Institution:** JOHNS HOPKINS UNIVERSITY BALTIMORE, MD  
**Project Period:** 1979/08/01-2008/08/31

**DESCRIPTION:** (provided by applicant) This application addresses major issues in aging research: identification of risk factors for disease and death, prevention of decline in cognitive and physical functioning, and in end-of-life planning. These issues will be addressed in the Precursors Study, a prospective, longitudinal study of 1,337 former Johns Hopkins medical students followed from an average age of 22 to 71 years. This study has yielded insights into aging that complement cross-sectional or short-term prospective studies of larger populations. The cohort has high levels of education, socioeconomic status, and access to health care. This homogeneity controls for these potent modifiers of health and functional outcomes and permits a relatively unconfounded and precise estimate of the risk associated with other exposures. As we begin our 55th year of follow up, we will continue our detailed description of aging and the onset of disease. We will determine the risk of CVD and other diseases associated with characteristics assessed repeatedly throughout the life course. We expect that relative risk of CVD will decrease at older age of assessment and will use the richness of the information available to dissect out the reasons for this age-related decrement. In addition, we will determine associations of characteristics from youth to old age with level of and short-term change in cognitive function, as well as interaction with the e4 allele of Apolipoprotein E. Most studies of risk factors for cognitive decline are cross-sectional in nature or have follow-up times within the 'incubation period' of dementia, design features that impede accurate data collection because of memory impairment. We will also repeatedly assess physical functioning to determine risk factors for greater rate of decline associated with aging. Lastly, we will describe change in preferences for end-of-life treatment and how it is influenced by incident disease, life events, and mental health as well as personal characteristics assessed prospectively over the 50 plus years of follow-up. The Precursors Study provides a unique opportunity to test whether potentially modifiable factors, assessed prospectively up to 50 years before, relate to mental health and physical functioning in late life, when these factors might act, and for whom.

**Grant:** 2R01AG014749-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KRAUSE, NEAL M PHD  
**Title:** RELIGION, AGING, AND HEALTH  
**Institution:** UNIVERSITY OF MICHIGAN AT ANN ARBOR ANN ARBOR, MI  
**Project Period:** 1997/09/30-2008/07/31

DESCRIPTION (provided by applicant): The purpose of this competing continuation application is to seek additional funds to continue work on the National Institute on Aging (NIA)-supported project: "Religion, Aging, and Health" (RO 1 AG14749). The first four years of this study were spent developing a comprehensive set of survey items to measure religion in late life. This research culminated in a nationwide survey of older whites and older African Americans (Wave 1) that was completed in 2001. A total of 1,500 older adults were interviewed successfully for the nationwide survey. Analysis of the nationwide data suggests that the newly devised religion items have sound psychometric properties, and that these measures are related to health and psychological well being in theoretically meaningful ways. Funds are requested to conduct three more waves of interviews (Waves 2 - 4) with all subjects who participated in the baseline survey (Wave 1). These additional waves of data will be used to address the following specific aims: 1.) To explore the relationships among gender, religion, and health; 2.) To examine the interface between stressful life events, religion, and health; and 3.) To continue research on race differences in religion and health among older whites and older blacks. A wide range of state-of-the-art data analytic procedures will be used to empirically evaluate these issues. Included among these procedures are individual growth curve models and latent variable structural equation models.

**Grant:** 5R01AG014299-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LACHS, MARK S MD  
**Title:** CRIME VICTIMIZATION, GENDER & MORTALITY IN OLDER ADULTS  
**Institution:** WEILL MEDICAL COLLEGE OF CORNELL NEW YORK, NY  
UNIV  
**Project Period:** 1997/09/30-2005/06/30

The specific aims of this research are (1) to identify risk factors for crime victimization in an observational cohort of community dwelling older adults, and to estimate the independent contribution of crime victimization to (2) erosion in health-related quality of life (functional status and self-rated health), (3) institutional health care utilization (hospitalization and nursing home placement), and (4) all-cause mortality in the cohort. This research hypothesizes that a broad variety of attributes predict crime victimization in older adults which may be medical (e.g. chronic disease), psychosocial (e.g. depression), or sociodemographic (e.g. poverty). The work also hypothesizes that crime victimization erodes health-related quality life, results in increased institutional health care utilization, and causes excess mortality. This influence on quality of life, health care utilization, and mortality persist even after adjusting for other factors that predict these morbid and mortal outcomes. Little is known about the epidemiology of crime committed against older adults, and virtually nothing is known about its health consequences. The investigators propose linking an established cohort of older adults (The New Haven EPESE cohort) who have been followed annually with standardized measures of medical, functional, and psychosocial health for over a decade, with Police Records from the cohort's catchment area. This would permit the largest community-based study of crime victimization in older adults ever conducted, at a fraction of the expense of assembling a new inception cohort for this purpose. Pilot data provided in this application demonstrate that a linkage with police records is indeed feasible, and would produce adequate events to test the study's hypotheses. This project joins the clinical and epidemiological expertise of the Principal Investigator, Mark Lachs, M.D., M.P.H., with the expertise of Ronet Bachman PhD, a criminologist who conducted an analysis of elderly crime subjects as part of the National Crime Victimization Survey for the National Institute of Justice. Additionally, the New Haven Police Department and the Yale School of Medicine (home to the New Haven EPESE cohort) participate in this innovative project which links community and academic resources. The broad, long-term goal of the research is to develop strategies to identify older adults at high risk for crime so that victimization might be prevented. If indeed victimization does occur, another long-term goal is to develop intervention strategies which avert or forestall mortality (and other morbid outcomes).

**Grant:** 5R01AG018781-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LEVINSON, WENDY MD  
**Title:** INFORMED DECISION MAKING IN OLDER PATIENTS AND SURGEONS  
**Institution:** NATIONAL OPINION RESEARCH CENTER CHICAGO, IL  
**Project Period:** 2001/09/30-2005/08/31

**DESCRIPTION:** As the population ages, elderly patients are confronted with difficult decisions about medical care. Communication between physicians and elderly patients is critical in helping patients make informed choices particularly about major interventions, like surgery. Communication to help patients make informed choices is not only imperative from an ethical and legal perspective, but effective communication between physicians and patients can improve the outcomes of care and patient satisfaction. This proposal builds on prior work by the investigators in which they developed and tested a framework to assess the informed decision-making (IDM) conversations in routine office visits. The proposal is collaboration between the researchers and the American Academy of Orthopedic Surgeons (AAOS), a membership organization of 25,000 surgeons. The specific goals are: 1) To assess the IDM communication skills of practicing orthopedic surgeons during routine office visits with their elderly patients (>65 years). This will be done by audio taping; routine visits with 100 surgeons and 1000 patients in the Chicago area. 2) To evaluate the association between IDM performance, surgeon, patient and visit characteristics. Surgeon characteristics will include a) demographics, b) attitudes toward older patients (ageism), participatory decision-making, and fear of litigation and c) prior communication training. Patient characteristics will include a) demographics (age, gender, race, SES) b) attitudes toward participation in decision making and c) health status. Visit characteristics will include a) length of the visit and b) presence of a third person (child, spouse) in the room. 3) To evaluate the association between surgeons IDM and patient satisfaction. Focus groups of elderly patients will review previously developed IDM criteria and provide input to ensure the criteria are "elder sensitive." 100 orthopedic surgeons will be recruited and audio taped with 1000 patients (10 per surgeon) in the office setting. Sources of data will include a) the audiotapes, b) surgeon and patient questionnaires. The tapes will be coded to identify each decision and will be rated for the presence or absence of the appropriate IDM criteria. The association between surgeons' IDM performance, surgeon, patient, and visit characteristics will be assessed using hierarchical logistic regression. The study will be the first large data set of actual communication between surgeons and older patients and fills a major gap in knowledge about IDM with the elderly. The study also forms the scientific foundation of a major education initiative by the AAOS designed to improve the communication skills of surgeons and ultimately the care of patients.

**Grant:** 5R01AG018394-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LI, FUZHONG PHD  
**Title:** TAI CHI, CONTROL, AND AGING  
**Institution:** OREGON RESEARCH INSTITUTE EUGENE, OR  
**Project Period:** 2000/09/30-2004/08/31

Description (adapted from the investigator's abstract): There is increasing evidence that exercise promotes psychological and physiological benefits for older individuals. Nonetheless, the prevalence of sedentary lifestyles increases, as people get older. Given the aging of the population, a major challenge for health professionals is to develop and deliver programs that enhance and maintain health status, and thereby, quality of life. The proposed randomized controlled trial takes a social cognitive approach (Bandura, 1977, 1986) to experimentally evaluate an intervention designed to improve physical and psychological control and subsequently, health status, using a moderate-intensity, low-cost, Tai Chi program for a vulnerable population of older adults. A four-year study is proposed with the primary objective of understanding the long-term effectiveness of Tai Chi in: (a) promoting psycho-social and physical benefits; (b) improving health status and quality of life, and (c) influencing known determinants of continued physical activity participation. Using a randomized control intervention trial, the study will focus on the effects of a Tai Chi program on theory-based mediators of changes in a variety of psychological control variables including self-efficacy and physical control variables including balance, among older individuals aged 70+ years, by comparing the overall difference in change between intervention (n=112) and exercise control (n=112) groups over time. The results are expected to provide a better understanding of the effects of Tai Chi on the targeted psychosocial and physical characteristics of older individuals, its sustained effects on their health, quality of life and exercise participation, and the feasibility of such programs for relatively low cost implementation in community facilities.

**Grant:** 5R01AG021017-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MAGAI, CAROL L PHD  
**Title:** Ethnicity & Socioemotional Functioning in Later Life  
**Institution:** LONG ISLAND UNIVERSITY BROOKLYN BROOKVILLE, NY  
CAMPUS  
**Project Period:** 2002/09/30-2007/08/31

**DESCRIPTION** (provided by applicant): **Aims:** This application addresses the NACA's Minority Aging Review Committee's call for longitudinal population-based research on minority samples and the clarification of the role of ethnicity in human development and aging. The present research involves an examination of socioemotional functioning in later life and its relation to health and resiliency. In 1996-1996 data on economic, socioemotional, and cultural variables were collected on a stratified random sample of individuals (N=1 118), ranging in age from 65-86 years and comprising four ethnic groups: US-born African Americans, African Caribbeans, US-born European Americans, and Immigrant Europeans from Eastern Europe. In the present application we propose two waves of follow-up data with two major objectives. The first objective is to examine patterns of stability and change with respect to discrete emotions, attachment styles, and social networks, and to test the relevance of, and cross-cultural generality of, theoretical models of discrete emotions theory, attachment theory, and socioemotional selectivity theory. The second objective is to determine the predictors of survival and resilience on the one hand and morbidity and mortality on the other. More specifically, the study aims to predict survival as a function of socioemotional variables, including emotion traits, emotion regulation style, attachment style, and social networks, controlling for SES, lifestyle risk factors, and health at TI, and to develop models for predicting morbidity and mortality in ethnic sub-populations of African Americans and European Americans. **Method:** Respondents will be re-contacted to participate in two more waves of data collection. Virtually all of the measures collected at TI will be re-administered to those who are cognitively intact. These data will be used to test formulations derived from discrete emotions, attachment, and socioemotional selectivity theories. In the fifth year of the grant, the National Data Index will provide data on time and cause of death for those respondents who have died during the interim. **Analysis:** Cross-lagged panel analysis will be applied to the three waves of data to assess stability and change in socioemotional functioning. Survival analysis will be applied to the mortality data.

**Grant:** 1R01AG023410-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MARTINSON, BRIAN C PHD  
**Title:** Maintaining Physical Activity in Older Adult MCO Members  
**Institution:** HEALTH PARTNERS RESEARCH MINNEAPOLIS, MN  
FOUNDATION  
**Project Period:** 2003/09/30-2008/08/31

DESCRIPTION (provided by applicant): The benefits of physical activity for adults are well established, but less than one-third of older adults in the U.S. have achieved recommended levels of physical activity despite widespread clinical recommendations to increase physical activity in recent years. Clinic-based approaches to increasing physical activity are expensive, difficult to implement in busy practice settings, and have limited reach. Moreover, evidence of the efficacy of such approaches is equivocal. A population-based approach may be a more effective and less costly strategy to increase levels of physical activity in older adults. Population studies of physical activity have demonstrated that each year, many sedentary older adults initiate physical activity, but a nearly equal number of those who were active become sedentary. Among older adults initiating physical activity, only half continue to be active 3 months later. We hypothesize that a population-based approach that emphasizes physical activity maintenance can substantially increase physical activity levels in a defined populations of older adults. This hypothesis is tested in a 24-month randomized trial evaluating an innovative, theory-based behavioral intervention to maintain physical activity in a random sample of 50-70 year old adults who have recently become at least moderately active. One thousand (1000) subjects will be randomized to one of two experimental groups: 1) a "usual care" control group, and 2) an interactive phone- and mail-based intervention program tailored to maintaining physical activity in older adults. The primary outcome measures are: 1) physical activity, assessed as kcals/wk expenditure; and 2) physical activity maintenance, assessed as follow-up kcals/wk expenditure relative to baseline. Careful measurement of the penetration of the intervention into a well characterized older adult population, and the costs of the intervention, will be assessed. Psychosocial and behavioral mediators of physical activity maintenance will also be examined. Study results will be relevant to policy makers, health promotion practitioners and health plans, and will provide practical information on the effectiveness, population penetration, and costs of an intervention designed to maximize population levels of physical activity among 9 older adults.

**Grant:** 5R01AG020118-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MCAULEY, EDWARD MOTH  
**Title:** Activity, Gait, and Efficacy (AGE) in Older Women  
**Institution:** UNIVERSITY OF ILLINOIS URBANA- CHAMPAIGN, IL  
CHAMPAIGN  
**Project Period:** 2002/08/15-2006/07/31

DESCRIPTION (provided by applicant): Although studies have investigated rates of physical activity in African Americans and the overall rates of disability in African Americans, few studies have examined the relationship between physical activity, physical function, and health status in older black adults. Given much lower rates of physical activity in African Americans as compared to whites, it is important to examine in greater detail the extent to which physical activity differentially influences health status in this population and to identify those parameters that mediate this relationship. Levels of physical activity in older women, and particularly older African American women, are extremely poor putting them at elevated risk of morbidity and mortality. This proposal employs a social cognitive framework to examine the longitudinal relationships among physical activity patterns, expectations, balance, gait, and health status in 150 white and 150 black older (age 60-80 years) women. Based upon preliminary studies, we propose that levels of physical activity influence expectations (efficacy and outcome) which influence overall health status through their effects on balance and gait. Additionally, we propose that fear of falling is influenced by efficacy expectations and also has a direct effect on balance. Latent growth curve strategies will be employed to examine developmental change in the model constructs over a two year period. Additionally, the relationships among changes in these variables over the study period will allow conclusions to be drawn relative to the roles played by parameters mediating the relationship between physical activity and health status in older black and white women. Only when we can reliably identify such patterns of relationships will we be effectively able to prescribe and promote public health agendas and programs to maximize health, function, and well-being in all older adults.



**Grant:** 1R01AG022067-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MCHORNEY, COLLEEN PHD  
**Title:** Item Bias Analysis of Functional Status Measures  
**Institution:** INDIANA UNIV-PURDUE UNIV AT INDIANAPOLIS, IN  
INDIANAPOLIS  
**Project Period:** 2003/05/01-2006/02/28

DESCRIPTION (provided by applicant): Self-report measures of functional status play an important role in group-level research, as well as individual- and group-level clinical assessment. A myriad of functional status tools exist today. Such measures have been developed with rigorous attention to reliability and validity. However, little investigation has been devoted to item bias or differential item functioning (DIF). A person's response to a functional status item should be a result of his/her ability level (the amount of the latent trait s(he) possesses) and nothing else. An item functions differentially if two individuals with equal ability do not have the same probability of item endorsement. Self-report measures of functional status can fall prey to such systematic bias because human beings interpret such items within the context of culturally- and socially-determined mindsets. The purpose of this application is to employ a multi-method approach to identify DIF in widely-used measures of activities of daily living (ADLs) and instrumental activities of daily living (IADLs). We hypothesize that respondent characteristics will interact the content of ADL and IADL items, thereby producing DIF. We will employ techniques of item response theory and other statistical procedures to identify DIF in eight large datasets. Once DIF has been identified, we will employ qualitative methods to discover the potential sources of the DIF. Once the range of causes of DIF has been identified, we will develop practical recommendation for writing new functional status questions to be free of DIF and correcting DIF in existing functional status items. This application will advance our knowledge base about characteristics of items and populations that cause functional status items to exhibit DIF. This contribution will help to bring about necessary change in how scientists develop self-report measurement tools, whether they are for physical or mental assessment. The health outcomes field is transitioning from classical test theory to increasing use of item response theory. Along with that transition will hopefully be more a priori and rigorous attention paid to DIF in instrument development and pretesting phases, rather than after measures have been in long use. This much-needed attention to DIF will result in assessment and outcome tools that are relevant and fair to members of a multicultural society. Thus, this application has broad-reaching implications for advances in item writing, item analysis, test construction, and test evaluation that go beyond the specific ADLs and IADLs we will study.

**Grant:** 1R01AG019715-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MINNICK, ANN F PHD  
**Title:** Physical Restraints and Therapy Disruption in Hospitals  
**Institution:** RUSH-PRESBYTERIAN-ST LUKES MEDICAL CHICAGO, IL  
CTR  
**Project Period:** 2003/04/15-2006/03/31

DESCRIPTION (provided by investigator): Introduction: Numerous adverse consequences (death, fracture, aspiration and delirium) have been reported to be the direct or indirect result of physical restraint (PR). Given PR's serious threat to patient safety, especially that of the elderly, Health Care Finance Administration regulations mandate the restriction of PR use. Although efforts to reduce PR in nursing homes have demonstrated success, the variables associated with hospital PR use have not been identified. Safe PR reduction is of special concern to intensive care unit clinicians because of the real threat to safety posed by patients' premature disruption (e.g. self-extubation) of life sustaining therapies or by falls. Defining the extent and context of PR use and of therapy disruption is hampered by the lack of available national data. Purpose/Aims: This three year prospective study seeks to (1) determine the scope and variation in physical restraint use in non-psychiatric acute care settings, (2) identify the extent to which administratively mediated variables explain PR use variation, and (3) identify the rates, contexts and consequences of therapy disruption for restrained and unrestrained intensive care unit (ICU) patients in the elderly and non-elderly populations. Methods/Design: A three year, prospective unit level study of 40 randomly selected acute care general hospitals in five metropolitan areas (New York, Chicago, Houston, Denver and Phoenix) will include: (A) a PR prevalence and context determination for all non-psychiatric, non-emergency, non-operative, non-long term care units through an 18 randomly selected day observational method (Aim 1) (B) an examination of the ability of selected labor, capital and organizational variables to explain PR use on the three highest usage type units (n=120 units). [Highest usage types are those determined in step A]. (Aim 2) (C) a 90 day prospective study of one adult ICU in each hospital (n=40 units) (Aim 3). Descriptive, correlational, and multi-level statistical analyses will be conducted. Health Related Implications: The results will (1) inform public policy debates related to the priority for further PR reduction efforts (2) assist in the development of effective PR reduction efforts through determination of the role of labor, capital and organizational variables (3) provide information regarding the effectiveness of PR in preventing therapy disruption in ICUs where resistance to restraint reduction is based on provider concerns for patient safety, and (4) help determine the extent and sequelae of therapy disruption to allow for later exploration of its effects on the costs and quality of care.

**Grant:** 5R01AG014634-17  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MITTELMAN, MARY S  
**Title:** AD Caregiver Well-Being Counseling/Institutionalization  
**Institution:** NEW YORK UNIVERSITY SCHOOL OF MEDICINE NEW YORK, NY  
**Project Period:** 1987/07/01-2004/08/31

A randomized controlled trial of the efficacy of a multifaceted counseling and support intervention for spouse- caregivers of Alzheimer's disease (AD) patients began at the NYU Silberstein Aging and Dementia Research Center (NYU-ADRC) in 1987. A sample of 406 spouse-caregivers (162 husbands and 244 wives) were assigned to either the intervention or a usual- contact control condition. All caregivers are regularly evaluated through home caregiving, nursing home placement, and post-bereavement phases of the caregiving career. The intervention postponed or prevented nursing home placement of AD patients, and minimized many negative consequences of caregiving. Preliminary results also suggest that the intervention leads to lower caregiver mortality. The project has been highly successful in recruiting and retaining study subjects, and in demonstrating the powerful impact of the intervention. More comprehensive longitudinal analyses are now proposed that will evaluate the mechanisms by which the intervention works. We propose to continue to follow all remaining research participants to the predetermined endpoint of the study: two years after the AD patient has died. We will continue to conduct regular assessments of caregiver functioning and AD patient status, and to provide counseling and support services for caregivers in the intervention group. This study is generating a unique longitudinal database. We have already recruited a large sample and have collected many years of data that carefully track the emotional well-being, physical health, and social support resources of spouse-caregivers. Continued funding is essential to complete the construction of this unique data base. In addition, we have forged collaborations with experts in longitudinal caregiving research and social support mechanisms. Latent growth modeling and structural equation modeling will be used to evaluate individual differences in caregiver functioning over time, to test for intervention effects, and to examine gender differences. Major outcome variables include caregiver depression, caregiver physical symptoms, patient institutionalization and caregiver and patient mortality. Change in social support and caregiver appraisals of patient behavior problems are hypothesized to mediate the impact of the intervention condition on these outcome variables. Findings from this study will enable health professionals and policy makers to reduce the socioeconomic impact of AD.

**Grant:** 5R01AG015778-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MITTENESS, LINDA S PHD  
**Title:** SAFE HOUSES: MEANING OF HOME MODIFICATIONS AS SELF CARE  
**Institution:** UNIVERSITY OF CALIFORNIA SAN FRANCISCO SAN FRANCISCO, CA  
**Project Period:** 1999/09/01-2004/02/29

Description (adapted from investigator's abstract): The goal of this project is to better understand how older people interpret safety education materials and decide to make or not make safety related modifications to their home environments. Existing research on home hazard reductions indicates that there are significant hazards in the homes of a great many older people, even after safety education attempts to increase awareness of home hazards, relatively few people act to make home modifications to decrease risk. The discrepancies between professional assessments of home hazards and the assessments of the older person herself or himself and the gap between knowledge of risk and risk mitigation can be partially accounted for by understanding risk as social rather than just individual. We proposed to develop and test a culturally grounded social model of risk identification, evaluation and response. The social model includes an understanding of how past and present events interface with the contemporary context in older people's evaluation of home safety. The proposed study will conduct qualitative research as a "natural experiment" using an already occurring public health effort to identify, describe and analyze: (a) the meanings that older people give to key concepts such as home safety risk and change, (b) the role of stories of other people and information passed among friends in decisions to make or not to make changes, (c) the place of variations in social boundedness and social hierarchies in responses to offers of home modification, and (d) the ways the safety education process contributes to older people's decisions to make home modifications. The study will be done in four economically and ethnically diverse neighborhoods in a large West Coast city, with the goal of identifying variation along lines of SES, age, gender, and ethnicity/cultural group with respect to interpretations of risk, safety, and willingness to undertake home modification.

**Grant:** 5R01AG017931-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MORRIS, JOHN N PHD  
**Title:** PROGRAM HEAL--Activating the Lives of Older Adults  
**Institution:** HEBREW REHABILITATION CENTER FOR BOSTON, MA  
AGED  
**Project Period:** 2001/09/01-2005/08/31

We intend to implement and test the effectiveness of a comprehensive intervention to prevent functional disability among nursing home residents. The intervention acts by promoting exercise adoption and adherence and reversing institutional factors that cause resident inactivity. Our program, HEAL ('Helping Elders Activate their Lives'), represents an integration of two interventions developed independently from different theoretical models within our institute. A selected exercise component, based on progressive resistance training, promotes behavioral change among nursing home residents, and has been shown to be safe and efficacious in building muscle mass, improving performance-based tests of physical functioning, improving and preventing decline in activities of daily living. The universal nursing-based rehabilitation component targets social and environmental factors contributing to the problem of resident inactivity. We have shown that residents can be helped to be more self-involved in performance of daily activities by targeting behavior of nursing staff and social forces within the facility through training and encouraging a redirection of care planning towards each resident's functional capacity. Each of these interventions has been shown to be efficacious in preventing functional disability when implemented independently. Combined as the HEAL intervention model, the program facilitates the continuity of functional capacity gains resulting from the exercise program into the daily activity of nursing home residents. Making use of existing staffing at three triplets of matched facilities, the intervention will be implemented within the confines of a quasi-experimental trial, involving an estimated 1,350 residents from both randomly assigned experimental exercise only, experimental exercise and nursing based rehabilitation, and usual care control homes. Performance on functional status, and physiologic, mood and self-efficacy measures will be collected at baseline and months 4, 8, 12 and 16 of the intervention. The aim of the proposed study is to establish the effectiveness of this intervention acting in a real world setting. Specifically, we hypothesize that the intervention will act proximally in 1) promoting resident exercise behavior, 2) improve performance on physiologic tests, and 3) act distally to prevent further functional decline and facilitate functional improvement. Further, we anticipate significant carry over effects on mood, well-being, self-efficacy and quality of life outcomes.

**Grant:** 5R01AG017555-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MUKAMEL, DANA B PHD  
**Title:** STRUCTURE, PROCESS AND OUTCOMES IN THE PACE PROGRAM  
**Institution:** UNIVERSITY OF ROCHESTER ROCHESTER, NY  
**Project Period:** 2000/06/01-2004/05/31

**DESCRIPTION (Applicant's Abstract):** The Program of All-Inclusive Care for the Elderly (PACE) is a community-based alternative to nursing home care for frail elderly who have significant functional and/or cognitive impairments. It is a managed care program that integrates primary and long term care services with acute care. Rapid expansion of the PACE program is anticipated as a result of the Balanced Budget Act of 1997. The innovative care approach adopted by the PACE program holds the promise of higher quality care, better health outcomes and lower costs compared to care offered to frail elderly enrolled in traditional Medicare and Medicaid programs, or managed care programs. Past studies demonstrated that PACE compares favorably with Medicare fee-for-service care. They have also shown that there is significant variation in health outcomes across sites. This suggests that quality of care in PACE could be improved further. The causes for these variations, and the specific program characteristics associated with them, have not been studied to date. The objective of this study is to identify opportunities for improvements by investigating the links between programs' structure, process and risk-adjusted health outcomes. The study will include 26 PACE sites currently in operation. Individual level data about health outcomes and participants' risks at admission will be used to create risk adjusted outcome measures of quality for each site. Four outcome measures will be developed, based on mortality, changes in functional status, changes in self assessed health status and hospitalizations. These data will be linked to site level data that characterize the structure and process of care in each site. Data about structure and process will be obtained from the National PACE database and from surveys and site visits. Structure and process dimensions will include: Participant characteristics, e.g., health and functional status, ethnicity, family support; Providers' characteristics, e.g., staff turn over, specialty mix, measures of team interactions; Organizational characteristics, e.g., relationship with sponsoring organization, risk sharing, maturity of the site; and External environmental influences, e.g., area practice styles, competition. Statistical regression techniques will be used to test hypotheses about the links between structure, process and outcomes. The knowledge gained from this study would have direct bearing on efforts to improve care in PACE programs, as well as implications for other programs serving frail, non-institutionalized elderly.

**Grant:** 1R01AG020644-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MUKAMEL, DANA B PHD  
**Title:** Racial Disparity in Access High Quality Cardiac Surgeons  
**Institution:** UNIVERSITY OF CALIFORNIA IRVINE IRVINE, CA  
**Project Period:** 2003/09/30-2006/08/31

DESCRIPTION (provided by applicant): Racial disparities in access to high quality cardiac surgeons among the elderly Racial disparities in access to health care services is a well documented, if poorly understood, persistent characteristic of the American health care system. Inadequate access to services by racial minorities, as it leads to poor health outcomes and poor health, has become an important part of our national health policy agenda. Racial minorities have been shown to be less likely to receive cardiac surgery. Even when they gain access to surgery, they are still disadvantaged because they access surgeons with higher risk-adjusted mortality rates (RAMR), compared to whites. These issues are of particular importance to the elderly population, as heart disease is one of the major morbidities in this population, it is the leading cause of death and over 50% of CABG surgeries are performed on individuals aged 65 and older. The proposed study is designed to test specific hypotheses about the factors contributing to the observed disparities in access to high quality cardiac surgeons. It will test hypotheses related to three referral decisions foci: the patient, the referring physician and the managed care organization (MCO). The population studied will include all Medicare patients undergoing CABG surgery, all cardiac surgeons and hospitals in NYS. Medicare CABG patients will be surveyed about their use of RAMR information and their encounter with the referring physician. Medicare claims for medical care encounters prior to the surgery will be used to analyze referral patterns. NYS SPARCS data and MCO information, as well as a unique data set with information about contracting patterns of MCOs with hospitals and cardiac surgeons, will be used to study the effect of MCOs on racial disparities in access. Statistical multivariate regression techniques will be used to analyze the data. The knowledge gained in this project is essential for development of targeted programs that could successfully address the disparity in access to high quality cardiac care among elderly racial minorities.

**Grant:** 5R01AG019105-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MURRAY, MICHAEL D MPH  
**Title:** IMPROVING DRUG USE FOR ELDERLY HEART FAILURE PATIENTS  
**Institution:** PURDUE UNIVERSITY WEST LAFAYETTE WEST LAFAYETTE, IN  
**Project Period:** 2000/09/30-2004/08/31

DESCRIPTION (adapted from investigator's abstract): Older adults with chronic heart failure need assistance with their medications to facilitate medication adherence and improve their health outcomes. Adherence decreases in patients who have complicated medication regimens. Recent expert guidelines for the treatment of heart failure recommend that patients receive as many as four to five medications. Furthermore, many older adults with heart failure must regularly administer and manage additional drugs for their other chronic diseases. Although medications have been shown to reduce morbidity and mortality of patients with heart failure, patients must reliably take them to derive any benefits. A particular concern in the United States is that during the past decade rates of hospitalization and death have disproportionately increased in elderly patients with heart failure. Recent studies suggest that the outcomes of patients with heart failure improve when pharmacists provide patients with education and monitoring. Drawing upon our recent studies of pharmaceutical care for patients with chronic diseases, we aim to develop and test a multileveled pharmacy-based program to improve the care of patients with heart failure. The program is built upon two models: (1) a social-cognitive model for medication adherence, and (2) a behavioral model of healthcare utilization. We have designed patient education materials and medication packaging that have been specifically formatted to promote comprehension by older adults. Using these materials, a schema for instruction for use by a pharmacist, and a computer that is integrated into an electronic medical record system, we will conduct a randomized controlled trial. Elderly patients (N=244) with heart failure will be assigned to usual care or to intervention by a pharmacist equipped with the designed educational support and integrated computer. The study duration will be 12 months: 9 months of active intervention and 3 months of post-intervention follow-up. Adherence will be assessed using electronic monitoring of all medications for heart failure. Endpoints of the trial will include health-related quality of life, heart failure exacerbation, patient satisfaction, and healthcare costs. We hypothesize that the pharmacy-based program will result in improved adherence to heart failure medications, which will be accompanied by improved health-related quality of life, fewer exacerbations of heart failure, greater satisfaction with care, and reduced health care costs.



**Grant:** 5R01AG017578-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** OBERMEYER, CARLA M  
**Title:** THERAPEUTIC DECISIONS AT MENOPAUSE--A MULTISITE STUDY  
**Institution:** HARVARD UNIVERSITY (SCH OF PUBLIC HLTH) BOSTON, MA  
**Project Period:** 2000/09/30-2005/08/31

**DESCRIPTION:** The proposed project is a multisite study of therapeutic decisions around the menopause transition. It combines epidemiological and ethnographic approaches to analyze the factors that influence the prescribing practices of providers, and those that account for the choices made by women regarding the use of biomedical and alternative therapies. The project is designed to make systematic comparisons across four countries that differ in terms of sociocultural and health service factors known to influence the symptomatology of menopause, the meaning attached to it, and the medical and non-medical options available to cope with this life transition. The study is based on surveys and interviews with health providers and with representative samples of women aged 45-55 in 4 study sites (Massachusetts, Morocco, Lebanon, and Iran). Data are analyzed using a combination of statistics for quantifiable data, and qualitative methods for ethnographic data. The first phase of the analysis is carried out for each country separately, while the second part consists of comparative analyses of data across countries. The long-term objective of the research is to contribute to the formulation of appropriate policies regarding the management of menopause by providing evidence on the diversity of therapeutic choices, elucidating the reasons for their variations within and across countries, and clarifying the complex process of decision making for women and providers.

**Grant:** 5R01AG011564-08  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PAVALKO, ELIZA K PHD  
**Title:** WORK AND HEALTH AMONG MID-LIFE WOMEN  
**Institution:** INDIANA UNIVERSITY BLOOMINGTON BLOOMINGTON, IN  
**Project Period:** 1994/04/01-2005/02/28

The second half of the twentieth century has been marked by a dramatic influx of women into the paid labor force, but we are only beginning to understand the implications of this shift for women's health. This continuation study will investigate the effects of employment on women's physical health, focusing in particular on how this relationship may change as women move through midlife and how it may vary across four birth cohorts. Specific aims of the study are to: 1) examine the measurement properties and explore analytic techniques for a multiple item index of physical mobility limitations; 2) explore age and cohort changes in women's employment; 3) test whether there is age and/or cohort variation in the effect of employment on physical health; and 4) decompose each type of variation and investigate causes of each source of variation in the work-health relationship. The Mature and Young Women's cohorts of the National Longitudinal Surveys (NLS) will be used for these analyses. These data provide nationally representative samples of multiple birth cohorts of U.S. women over a fourteen to seventeen year period spanning the 1970's and 1980's. When combined, these two data sets provide one of the few nationally representative data with long-term longitudinal information on multiple cohorts of U.S. women. Analyses will use confirmatory factor analysis, fixed effects longitudinal regression models, and multilevel models in various stages of the analyses. Findings will contribute to basic research on health measurement and will further our understanding of social processes that may lead to earlier onset or progression of women's mobility limitations. Examining changes in the work-health relationship as women age and variations across birth cohorts also contributes to our understanding about how intersections of aging and social change may impact women's physical health.

**Grant:** 5R01AG017461-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PEARLIN, LEONARD I. PHD  
**Title:** STATUS INEQUALITY, STRESS, AND HEALTH AMONG OLDER PEOPLE  
**Institution:** UNIVERSITY OF MARYLAND COLLEGE PK COLLEGE PARK, MD  
CAMPUS  
**Project Period:** 2000/09/15-2004/08/31

The proposed research calls for three interviews at yearly intervals with a sample of 1,200 people 65 years and older residing in three Maryland counties. Its general aim is to account for the association between people's socioeconomic statuses (SES) and their health and well-being. In addition to age, these statuses include economic level, education, occupational prestige, marital status, gender, and race and ethnicity. The study is guided by the perspectives of the stress process conceptual framework. The specific aims of the inquiry essentially involve empirical tests of several interrelated assumptions underlying this conceptualization. Thus, it is assumed that SES potentially influences the nature and intensity of stressors to which people are exposed. Certain types of stressors, such as loss events, can become particularly prevalent in late life. Moreover, it is thought that exposure to one or more serious stressors may generate exposure to additional stressors, a phenomenon referred to as stress proliferation. Exposure to both initial and proliferated stressors, in turn, can lead to a variety of physical and mental health outcomes; in this way, stressful life conditions stand as one of the mechanisms linking SES and health. However, exposure to stressors does not always have a deleterious effect on health. It is proposed that even under difficult life conditions certain kinds of social and personal resources, such as social support and the sense of mastery, can protect individuals from these effects. It is further proposed that the particular health outcomes that are manifested under conditions of stress will vary with the SES characteristics of people.

**Grant:** 1R01AG021089-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PEEK, M KRISTEN PHD  
**Title:** Health Concordance in Older Mexican American Couples  
**Institution:** UNIVERSITY OF TEXAS MEDICAL BR GALVESTON, TX  
GALVESTON  
**Project Period:** 2003/07/01-2006/06/30

DESCRIPTION (provided by applicant): Individuals who are married tend to have lower mortality, morbidity, and better mental health. The potential protective effect of marriage on both physical and mental health is of particular importance to older couples as the number of older married adults rises and mortality rates continue to decrease. However, there is very little information on the connection between the health statuses of older married couples. The similarity between health of spouses, or "concordance" can be of particular importance if the deterioration in the health of one spouse is associated with the deterioration in the health of the other spouse. One way to address concordance is to examine the connection between one spouse's health events and the other spouse's health outcomes. To address the association between spouses' health more extensively, we intend to examine the potential influence of physical functioning and health events in one spouse on the health of the other spouse over a 2-5 year time period in older Mexican American adults. The specific aims of the study are: (1) to examine the relationship between the presence of major health events (myocardial infarction, stroke, cancer, and hip fracture) in one spouse and depressive symptoms and lower body mobility of the other spouse; (2) to assess the connection between physical functioning (e.g., I/ADL disability) in one spouse and depressive symptoms and lower body mobility of the other spouse; and (3) to investigate the association of mortality of one spouse with depressive symptoms and lower body mobility of the other spouse. As a secondary aim, we will explore the possibility that social support and acculturation modify the relationship between spouses' health statuses in older Mexican Americans. We will be examining these specific aims in 553 married couples from the ongoing Hispanic Established Populations for Epidemiologic Studies of the Elderly (H-EPESE). One of the benefits of examining concordance in spouses' health in older Mexican Americans lies in their health profiles (mortality rates similar to older White adults but higher rates of certain diseases and disability). Structural equation modeling will be used for model estimation on three waves of data (1993-94 -1998/9.)

**Grant:** 1R01AG021971-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PORTER, EILEEN J PHD  
**Title:** Old Homebound Women's Intention of Reaching Help Quickly  
**Institution:** UNIVERSITY OF MISSOURI COLUMBIA COLUMBIA, MO  
**Project Period:** 2003/09/01-2007/06/30

DESCRIPTION (provided by applicant): The purpose of this in-depth, extended phenomenological study is to describe the experience of reaching help quickly (RHQ) for old homebound women who live alone. Annually in the U.S., about 300,000 persons over age 65 who live alone are unable to contact help after a fall or an incapacitating illness. For the many women aged 85 and older who live alone, the public health impact is critical. They perceive a risk of falling and not being found, so they intend to get helpers to the home quickly, but very few subscribe to the personal emergency response system (PERS) that is designed to help them do so. Variations in the experience of RHQ have not been described. The aims are: (1) To detail the intentions that describe the personal experience of each woman in relation to RHQ and to describe any changes in her intentions that occur over 18 months; (2) To describe the personal, environmental, and socio-cultural context of each woman's experience of RHQ and to consider any changes in context over 18 months in relation to any changes in her intentions; and (3) To discern the phenomena of the experience of RHQ for the sample and to compare the component phenomena of the experience for PERS subscribers and non-subscribers. The PI's descriptive phenomenological method will be used to guide data gathering and data analysis. The sample of 40 homebound women over the age of 85 will be stratified into Group #1 (n = 24, non-PERS subscribers) and Group #2 (n = 16, PERS subscribers). Over 18 months, five tape-recorded interviews will be done with each woman in her home; the women's SAFETY AND use of space in the home and their perceptions of their support networks relative to RHQ will be ASSESSED. Descriptive taxonomies of the structure of RHQ and its context will be produced. In line with the PI's research program, the long-term aims of the project are to disseminate new perspectives on old homebound women's health-related experiences, to generate further research topics, and to offer practical ideas to enable these vulnerable women to live at home more safely.

**Grant:** 6R01AG013469-06  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** QUANDT, SARA A BA  
**Title:** RURAL ELDERS: ETHNICITY, FOOD MEANING & DIET MEASUREMENT  
**Institution:** WAKE FOREST UNIVERSITY HEALTH SCIENCES WINSTON-SALEM, NC  
**Project Period:** 1996/09/30-2005/01/31

This study builds on the investigators' ongoing research of gender and ethnic differences in nutritional self-management of older adults in two rural North Carolina counties (RO1 AG 13469) to investigate the meanings and beliefs rural older adults have for food, diet and the relationship of food and diet to health. This study addresses the problem of using such information to adapt existing dietary instruments to more accurately collect nutrient and food intake data. This study will: (1) document older rural adults' meanings of foods and their cognitive models of nutrition; (2) compare and contrast food meanings and cognitive models of nutrition by ethnic group (African American, Native American, European American); and (3) identify cultural and socioeconomic predictors of differences in food meanings and cognitive models of nutrition that result in health disparities. Based on what is learned in the first three specific aims, this study will: (4) use the food and diet meanings to adapt two existing dietary intake instruments to be more culturally appropriate for this population; and (5) evaluate the new dietary intake instruments. The research is divided into 2 phases. Phase I data collection includes individual in-depth and group interviews. In-depth individual interviews will be completed with 48 African American, European American and Native American females and males aged 70 and older who reside in two rural North Carolina counties. Respondents will be asked to discuss their beliefs about different foods, their knowledge and beliefs about several nutritional categories (e.g., fat, fiber), and the connections between diet and foods and specific physical conditions (e.g., diabetes, cancer). Twelve group interviews will be conducted that include 96 older African American, European American and Native American females and males. Group participants will discuss the investigators' interpretations of food, diet measurement procedures and perform validation tests. Participants will include 120 older African American, European American and Native American males and females. These participants will complete six 24 hour diet recall interviews over a six month period, which will be used to validate the adapted Food Frequency Questionnaire and Meal Pattern Questionnaire.

**Grant:** 5R01AG021178-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ROBERTS, BRENT W PHD  
**Title:** Longitudinal Studies of Conscientiousness and Health  
**Institution:** UNIVERSITY OF ILLINOIS URBANA- CHAMPAIGN, IL  
CHAMPAIGN  
**Project Period:** 2002/09/15-2007/08/31

DESCRIPTION (provided by applicant): Despite established Links to longevity, the role of conscientiousness in the health process has not been systematically studied, nor have the effects of aging on the relationship between conscientiousness and health been investigated. Two longitudinal studies are proposed to test the relationship between conscientiousness and the social environmental factors and health-related behaviors that contribute to health and longevity. Pilot data are reported which suggest that a comprehensive model of conscientiousness is linked to many of the health behaviors and social environmental factors that contribute to health and longevity. Also, data is presented showing significant increases in conscientiousness and decreases in risky health behaviors with age. Building on these initial findings, the proposed research has three aims. The first aim is to fully delineate the relationships among conscientiousness, health-related behaviors, and the social environmental factors that affect health and longevity using multiple methods. The second aim is to test how age affects the relationships among conscientiousness, health-related behaviors, and social environmental factors. The third aim is to perform follow-up assessments of two age-stratified samples in order to test the relationship between changes in conscientiousness and changes in the health behaviors and social environmental factors that contribute to better health. The proposed research is significant for four reasons. First, conscientiousness, through its relationship to health behaviors and social environmental factors, may be one of the most important, yet under-appreciated contributors to positive health outcomes across the life course. Second, the effect of age on the relationship of conscientiousness to these health factors is unknown and the proposed studies will provide the most definitive test of the effect of aging on these relationships. Third, increases in conscientiousness across the life course may facilitate even greater improvements in health behaviors and social environmental factors that, in turn, contribute to positive health outcomes. And fourth, this research will allow us to identify the social environmental factors that promote increases in conscientiousness and decreases in risky health behaviors.

**Grant:** 1R01AG021112-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** RUBINSTEIN, ROBERT L PHD  
**Title:** Experience of Suffering in Old Age  
**Institution:** UNIVERSITY OF MARYLAND BALT PROF SCHOOL BALTIMORE, MD  
**Project Period:** 2003/08/15-2007/05/31

DESCRIPTION (provided by applicant): The general aim of this proposed 48-month qualitative, anthropological study is to examine the experience The general aim of this proposed 48-month qualitative, ethnographic study is to examine the experience of suffering among elders and its relation to health, gender, and ethnicity. Persons largely experience suffering through immersion in a profoundly difficult event or episode. Suffering may be closely related to one's core sense of identity. While elders in general are better educated, of higher income, more active, healthier, and less disabled than in previous decades, many elders have experienced profound suffering in such events as illness, loss, depression, pain, racism and poverty life course disappointment, family conflict and existential crisis. Others, born abroad, may have experienced difficult events connected with war, genocide, migration, and displacement, suffering may be shaped in relation to other characteristics and events such as the nature of illness, affiliation with a particular spiritual tradition or gender. The view of suffering taken here is based on prior research, that suffering is profoundly personal and subjectively irreducible (as with all elements of personal meaning). Suffering is best studies through close examination and attention to contexts and qualities of experience. The ability to "tell about" suffering to another is useful in such an examination. For purposes of this study, suffering will be defined in a general way as a direct or vicarious negative experience that is intense, prolonged and painful in some way, that is usually a non-normal condition of being, that challenges everyday, taken-for-granted realities, and that forces or shapes some re-evaluation of personal meaning or sense of identity. In the proposed research, four specific aims are offered. Research will consist of multi-part ethnographic interviews with 180 elders stratified by ethnicity, gender, and self-rated health. Not all informants will have experienced suffering firsthand, Data analysis will be undertaken, involving the development of a text base and use of standard qualitative data analytic techniques.



**Grant:** 5R01AG016311-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SCOGIN, FORREST R PHD  
**Title:** QUALITY OF LIFE AND OLDER RURAL HEALTH CARE RECIPIENTS  
**Institution:** UNIVERSITY OF ALABAMA IN TUSCALOOSA TUSCALOOSA, AL  
**Project Period:** 1999/09/01-2004/07/31

**DESCRIPTION** (adapted from investigator's abstract): This is a resubmission of a previously reviewed project. Older rural home health care recipients are a group overlooked in gerontological research. These persons experience significant problems with emotional well-being and decrements in quality of life that are not being adequately addressed by existing resources. The present study will investigate the effectiveness of a psychosocial intervention for improving the quality of life of these frail and sick elders. The treatment will be delivered in the homes of the care recipients and the primary family caregiver will participate in the therapy as a facilitator. Improved quality of life and emotional well being should result in the care recipient's reduced use of health care services. Aim 1 of the study is to test the efficacy of a brief, in-home psychosocial treatment in improving the quality of life of rural home health care recipients. The treatment will be delivered by clinical social workers and will entail the provision of 16 sessions of cognitive-behavioral therapy. Family caregivers will attend therapy sessions and will facilitate the therapy by providing reminders, prompts and assistance to the care recipients in implementing therapeutic tasks. A delayed treatment control group design will be used to evaluate effectiveness of the treatment package on measured quality of life and emotional well-being. The investigators will also assess whether teaching problem solving skills and using the caregiver as treatment facilitator has a positive effect on such factors as caregiver burden and the caregiver care recipient relationship. Aim 2 of the study is to assess the effects of the intervention on the home health care recipient's use of home health care services. The conceptual framework on which the intervention is based posits that improvements in quality of life and emotional well being will mediate decreases in health care use. This model will be empirically evaluated through the assessment data collected in this study. Aim 3 is to investigate the success of efforts to make the intervention responsive to white and African-American home care recipients. One-half of the participants, as well as half of our therapists and research assistants, will be African-American. It is expected that there will be no differences in the effectiveness of the intervention among African-Americans and white participants. The research team is interdisciplinary and includes two clinical geropsychologists, a doctoral level clinical social worker, a nurse scientist (Ph.D.) and a geriatrician. The investigators have prior experience, publications, and preliminary data on the implementation of treatment protocols with older adults, community caregivers, and rural dwelling home health care recipients.

**Grant:** 3R01AG017056-03S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SEEMAN, THERESA E PHD  
**Title:** BIOLOGICAL EXPLANATION OF SES DIFFERENCES IN HEALTH  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 1999/05/26-2004/04/30

**DESCRIPTION:** (Adapted from the Applicant=s Abstract): The proposed project will investigate the biological mechanisms that are hypothesized to underlie socioeconomic differences in health outcomes among older people. While the fact that poorer and less educated people have higher rates of death, disease, and disability has been widely documented, the question of what biological mechanisms give rise to these socioeconomic differences remain largely unspecified. The proposed analyses will use data on a wide range of biological parameters to examine their role, both individually and cumulatively, in explaining socioeconomic differences in four major health outcomes: death, myocardial infarction, change in physical functioning, and change in cognitive function. The project will use data from the MacArthur Study of Successful Aging, a longitudinal study of 1189 socioeconomically-divers persons aged 70-79 years at baseline, who were interviewed three times during the 1988 to 1996 period. At the time of each interview, sample members provided information about current health conditions and were given a series of performance tests to measure aspects of their physical and cognitive function. Survey information on health outcomes will be augmented with information from Medicare records and the National death Index. Indicators of biological mechanisms are derived from standard medical tests performed at interview and assays of blood and urine samples provided by sample members. The socioeconomic diversity and the range of biological information available in this data set make it ideal for the proposed project. Knowledge of the role of biological risk profiles in producing differential health outcomes by socioeconomic status will provide important information to assist in targeting health care and education resources to reduce health differentials.

**Grant:** 5R01AG020558-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SELTZER, MARSHA M PHD SOCIAL SCIENCES,  
OTHER  
**Title:** Life Course Impacts of Nonnormative Parenting  
**Institution:** UNIVERSITY OF WISCONSIN MADISON MADISON, WI  
**Project Period:** 2002/05/01-2007/04/30

This research builds on the progress of a small grant and uses the Wisconsin Longitudinal Study (WLS) to investigate the long-range effects of non-normative parenting. Parents who have either a child with a developmental disability (DD) or schizophrenia, or who have experienced the death of a child, will be compared with respect to the parents' attainment and well-being as they transition from midlife to the early retirement years. Using a new set of screening measures, parents in these groups will be identified in the WLS cohort. Affected WLS parents will be compared with unaffected parents, controlling for differences among the parent groups before the non-normative parenting event took place. The analyses will include within- group assessments of heterogeneity among WLS parents who experienced a non-normative parenting challenge, cross-sectional group comparisons at various points in the life course, and longitudinal analyses of the effects of non-normative parenting experiences on life course trajectories and outcomes. The research questions will (1) investigate how the life course in educational, occupational, marital, and childbearing domains diverges when parents have long-term caregiving responsibilities for a child with DD or schizophrenia, or when they experience the death of a child, (2) contrast the resources and well-being of four groups of parents (those who have a child with DD, schizophrenia, experience the death of a child, and a normative comparison group), (3) examine how divergent life course trajectories and unmet aspirations affect the parents' well-being, (4) analyze the extent to which social and psychological resources moderate parental adaptation during midlife and the early retirement years, and (5) investigate the effects of newly-experienced non-normative parenting events between midlife and the early retirement years. This research integrates the life course perspective with models of process and change from the stress and coping framework to understand life-long patterns of adaptation associated with non-normative parenting experiences. The WLS provides an unprecedented opportunity to study the effects of non-normative parenting for a sample that was recruited before the events occurred, and is thus less vulnerable to the self-selection biases that constrained previous research.

**Grant:** 5R01AG018308-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SILVERMAN, MYRNA A PHD  
**Title:** SELF CARE--COMPARISION OF AFRICAN AMERICANS AND WHITES  
**Institution:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH, PA  
PITTSBURGH  
**Project Period:** 2000/09/01-2004/08/31

The proposed four-year study is a patient-centered longitudinal study to describe and compare the long term changes in self care behaviors of older African Americans and whites residing in Allegheny County, Pennsylvania who have at least one of two chronic illness prevalent in this population: osteoarthritis and ischemic heart disease. Specifically, we propose to: 1) describe the process by which self care behaviors are adopted, maintained and changed by conducting a longitudinal investigation of stability and change in self care behaviors among older adults with chronic illnesses. We will examine how decisions are affected by a variety of factors including the characteristics of the individual, characteristics of the disease, and characteristics of the environment; 2) describe and analyze the effects of self care behaviors on an individual's assessment and satisfaction with their illness care and the effects of this care on their health related quality of life, disease symptoms, depression and anxiety level and sense of control and efficacy; and 3) document and describe the differences in self care process and effects between African Americans and whites. We will conduct four in-person in-depth interviews with 1200 individuals, 50 percent African American and 50 percent white over a 30-month period at 10-month intervals to obtain information on their health status, current self care strategies, coping styles, identification of additional stressors that would contribute to the modification of these strategies. Secondly, we will conduct telephone interviews five months after the initiation of each longitudinal interview with the entire group to monitor these changes and trigger the need for additional questions to capture the formulation of new self care behaviors or changes in old behaviors or a total of seven interviews. At each interview, we will assess the determinants of self care stability on change (e.g., race, social support, income, gender, age grouping and cultural preferences). The research will be guided by a preliminary model informed by theoretical perspectives directed at the individual's decision making and their socio-cultural context.

**Grant:** 1R01AG022362-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SOUMERAI, STEPHEN B SCD  
**Title:** Cost-Related Underuse of Medications in the Elderly  
**Institution:** HARVARD PILGRIM HEALTH CARE, INC. WELLESLEY, MA  
**Project Period:** 2003/09/01-2007/06/30

DESCRIPTION (provided by applicant): Since Medicare was enacted in 1965, the program has excluded coverage for outpatient prescription medications except for injection drugs furnished by a physician. It is now widely recognized that the elderly face an erosion of prescription benefits as insurers respond to mounting fiscal pressures with a variety of cost-cutting and cost-shifting measures. Medicare beneficiaries must rely on a range of supplemental sources to help with drug expenses. The Medicare Current Beneficiary Survey (MCBS), administered annually to a representative national sample of elderly and disabled adults enrolled in Medicare, represents the gold standard for information on rates and sources of prescription coverage among elderly Americans. However the MCBS provides little information on cost-related non-compliance with medication regimens, and there are no other national data sources. While preliminary research documents the relationships among out-of-pocket medication costs, rates of non-compliance, and adverse clinical outcomes, no national study to date has addressed whether such cost-related barriers lead to under use of essential drugs for chronic illnesses, substitution of over-the-counter or alternative medicines, or reductions in physician visits. This project will establish a permanent, ongoing national data resource that permits policymakers and researchers to measure, monitor, and identify changes in cost-related under use of medications (CRUM) among elderly Medicare beneficiaries. We will develop new, comprehensive measures of CRUM; validate the measures in a survey of approximately 200 elderly enrollees in a large health plan; integrate the measures in the MCBS for annual surveys of approximately 15,000 non-institutionalized elderly Medicare enrollees (the cost of which will be borne by the US Department of Health and Human Services, Center for Medicare and Medicaid Services); and analyze MCBS data to identify the extent to which CRUM is associated with patient socio-demographics, health status and medical conditions, source of prescription coverage, and out-of-pocket prescription costs.

**Grant:** 1R01AG021152-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WAGENAAR, ROBERT C PHD  
**Title:** Rehabilitation for Self-Management of Parkinsons Disease  
**Institution:** BOSTON UNIVERSITY CHARLES RIVER BOSTON, MA  
CAMPUS  
**Project Period:** 2003/06/01-2006/05/31

DESCRIPTION (provided by applicant): The overall goal of the proposed research is to determine whether rehabilitation that focuses on self-management of health helps to improve the day-to-day functioning and quality of life of community-living clients with Parkinson's disease (PD), beyond the effects of medical treatment alone. Typically for people with PD, medical treatment declines in effectiveness over a variable number of years, and these individuals face a relentless progression into disability and lowered quality of life that can end in a need for custodial care. If a rehabilitation program can ameliorate disability and support a high quality of life by positively influencing mobility, communication, and healthful daily living skills, it is possible that more intensive use of medication could be postponed. As a result, people with this disease might benefit longer from medication and be less quickly referred to costly inpatient rehabilitation and long term care facilities. The proposed research uses rigorous methodology, which is rare for studies of rehabilitation with this population, and builds on our previous research toward understanding the role of rehabilitation in promoting health in people with PD. In a randomized controlled design, people with PD will be assigned to one of three conditions for a duration of 6 weeks: (i) medication only, (ii) medication plus 2 outpatient group rehabilitation sessions and 1 social activity session per week, or (iii) medication plus 2 outpatient group rehabilitation sessions and 1 home/community rehabilitation session per week. Rehabilitation will occur through integrated physical, occupational, and speech therapy services specialized to the self-management of health needs of people with PD. The first specific aim of the proposed study is to determine if increasing "doses" of self-management rehabilitation (from Conditions i to ii to iii) result in increasingly positive quality of life outcomes. The second aim is to document change in rehabilitation effects at 2 and 6 months post-intervention. The third aim is to describe possible active ingredients in the rehabilitation by measuring neuromuscular and voice function outcomes. The fourth aim is to provide evidence for the validity of self-management outcome measures for use with PD. It is hypothesized that there will be beneficial and lasting effects of rehabilitation for quality of life outcomes.

**Grant:** 1R01AG022314-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WALLACE, KIMBERLY A PHD  
**Title:** Resilience in Native American Older Adults  
**Institution:** UNIVERSITY OF MONTANA MISSOULA, MT  
**Project Period:** 2003/09/30-2006/08/31

DESCRIPTION (provided by applicant): The aims of the proposed study are to: (1) advance understanding of resilience in later adulthood in a sample of Native Americans, and (2) identify and examine personal and support factors that contribute to positive health outcomes in this sample. In addition, an important aim of this research is to: (3) examine resilience profiles as they relate to health outcomes among Native American older adults. Resilience refers to one's ability to bounce back after adversity and is thought to be a function of one's available protective factors. Although a substantial literature on resilience has emerged with children and adolescence, this process is not well understood in later life. Because of the multitude of challenges that often accompany aging, older adulthood is a particularly important age-span in which to examine resilience. At the same time, although minority research in the field of aging is increasing, there is still a dearth of information in this area as well. Designed to begin to address these gaps in the literature, the proposed study combines qualitative and quantitative methodologies to examine stress, personal (spirituality; sense of self) and support (family and community support) resources, and health outcomes (mental and physical) in a sample of Native Americans over the age of 50 living on a reservation. Specifically, Study 1 is an examination of the factors that contribute to positive adaptation in a sample of Native American older adults. Data will be collected using semi-structured interviews and analyzed using a process of thematic categorization. Study 2 is an investigation of the factors identified in Study 1 as they relate to positive health outcomes. Study 2 will be conducted using in-person surveys; cluster analysis will be used to classify groups of individuals according to similarities on levels of stress and the protective factors, and ANOVA will be used to validate the cluster solution and investigate any differences in health outcomes by cluster membership. Findings from this research will help further theoretical understanding of resilience in later life by elucidating the complexities of resilience not normally observed in the general population. This research will also serve as a foundation for future inquiries in this area, particularly with regards to the complex, multidimensional nature of resilience, its psychological, social, and physical components, and trajectories of change in resilience mechanisms over time.

**Grant:** 5R01AG019605-04  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WILLIAMS, REDFORD B MD INTERNAL  
MED:INTERNAL MEDICINE-  
UNSPEC  
**Title:** STRESS, SEROTONIN GENE & HEALTH DISPARITIES  
**Institution:** DUKE UNIVERSITY DURHAM, NC  
**Project Period:** 2000/09/30-2005/08/31

The long-term objective of this research proposal is to elucidate underlying biological and behavioral mechanisms whereby stressful social and physical environments contribute to health disparities between socioeconomic and racial groups. To achieve this objective, the following Specific Aims are proposed: Aim 1 - To determine whether persons who are caregivers for a spouse with Alzheimer's Disease or other chronic dementia have a more adverse profile of behavioral and biological characteristics than matched controls without caregiving responsibilities. Aim 2 - To determine whether living in a stressful physical environment (based on neighborhood characteristics) leads to a more adverse profile of biobehavioral characteristics among caregivers than noncaregivers. Aim 3 - To determine whether the impact of stressful social and/or physical environments on health-damaging biobehavioral characteristics is moderated by the presence of a hostile personality type or genetic polymorphisms that affect CNS serotonin function. In secondary analyses, we shall also evaluate the moderating effect of other potential moderators - e.g., underlying CHD or other medical disorder, race, gender, social support, and socioeconomic status. We shall recruit a sample of 200 caregivers and 200 matched controls without caregiving responsibilities. We shall assess the impact of caregiver status on behavioral (negative affects and health practices) and biological (cardiovascular and neuroendocrine function at rest and during stress, metabolic syndrome) characteristics likely to underlie health disparities. We shall determine the impact of the physical neighborhood environment, both alone and interacting with caregiver status, upon the biobehavioral mechanisms. We shall also evaluate the moderating effects of serotonin-related genetic polymorphisms, hostile personality type and other medical/physical and social characteristics of the subjects upon the impact of caregiving and physical environments on biobehavioral mechanisms. In addition to increasing understanding of biobehavioral mechanisms responsible for health disparities, the findings could point to targets for specific interventions aimed at ameliorating these disparities.



**Grant:** 5R01AG015321-07  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WILLIAMSON, GAIL M MS  
**Title:** Quality of Informal Care and Caregiving Transitions  
**Institution:** UNIVERSITY OF GEORGIA ATHENS, GA  
**Project Period:** 1997/09/30-2007/07/31

**DESCRIPTION** (provided by investigator): This is a competing renewal application to continue support for the Family Relationships in Late Life project (FRILL; R01 AG15321). Long-term objectives are to: (1) specify a predictive profile of the quality of care (QC) informal caregivers are likely to provide to community-residing frail and disabled elders, (2) develop a brief portable instrument useful to practitioners that characterizes QC and demonstrate that it can be used widely, and (3) demonstrate the potential utility of this profile and instrument in early identification and appropriate treatment to improve not only quality of informal care but also caregiver well-being (both while providing care and after caregiving duties end). The proposed follow-up study (FRILL2) builds on existing infrastructure and accomplishments and extends FRILL in several new directions. FRILL2 will enroll 500 coresiding caregiver-care recipient dyads for 3 longitudinal assessments at 18-month intervals, and an entirely new component will follow caregivers who transition out of caregiving (e.g., through care recipient death or institutionalization) at 6-month intervals. QC assessment will be expanded to include not only indicators of maltreatment but also care that ranges through sufficient to exemplary. Using refined models, methods, and measures, FRILL2 will: (1) determine the extent to which predisposing factors (e.g., amount of care provided) and caregiver mental health (CGMH; depression, anger, anxiety, and cognitive impairment) predict current and future indicators of the full range of QC, caregiving transitions, and long-term caregiver well-being, (2) over-sample African American dyads at intake to produce a sample adequate for longitudinal comparisons between Whites and African Americans in the pre- and post-transition caregiving experience, and (3) test hypothesized cross-sectional and longitudinal associations between predisposing factors, CGMH, QC, caregiving transitions, and post-transition caregiver well-being. Tests of hypotheses and model fit will employ structural equations modeling, latent growth modeling, and latent transition analytic techniques.

**Grant:** 3R01AG015918-04S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** YOUNG, YUCHI DRPH  
**Title:** REHABILITATION AND FUNCTION RECOVERY AFTER HIP FRACTURE  
**Institution:** JOHNS HOPKINS UNIVERSITY BALTIMORE, MD  
**Project Period:** 1999/05/15-2004/04/30

**DESCRIPTION:** (adapted from Investigator's abstract) The broad, long-term objectives of this proposal are to understand the effects of post-acute rehabilitation and to improve functional independence among older hip fracture patients. The specific aims are: (1) To conduct an epidemiologic study of the pattern of use of post-acute rehabilitation facilities and the factors associated with choice of rehabilitation locations where patients receive their prescribed post-acute rehabilitation; (2) To examine the factors associated with the short-term and long-term effect of post-acute rehabilitation on functional recovery. The dose response effect of the amount of post acute rehabilitation on functional score will be tested adjusting for patient characteristics and other potential cofounders; (3) To examine the factors associated with Medicare payment incurred due to hip fracture in both the acute and post- acute care setting and to calculate the cost-effectiveness ratio. Hip fracture, a major problem of persons ages 65 and over, causes significant mortality, morbidity, and functional impairment. The loss of functional independence imposes a heavy burden on individuals, caregivers, and requires costly long-term care. Rehabilitation, as a tertiary prevention, is intended to restore prefracture autonomy and functional independence. Previous studies have examined functional recovery among elderly hip fracture patients who received interventions mostly in inpatient rehabilitation settings. Few studies have examined the effectiveness of post acute rehabilitation on functional outcome in multiple settings (inpatient, outpatient or subacute rehabilitation settings) and take into account the intensity and quantity of rehabilitation services received. The proposed study will use a longitudinal cohort design prospectively to collect and analyze demographic, medical, and psychosocial impacts of post acute rehabilitation on functional outcome and cost. Subjects will be a sample of 300 community- dwelling elders with unilateral hip fracture, who have had a surgical repair (internal fixation, hemiarthroplasty, or total hip replacement), and received prescribed post acute rehabilitations in any one of the predetermined inpatient, outpatient, or subacute rehabilitation facilities. The longitudinal data on demographic, medical, psychosocial characteristics and functional status will be collected through repeated interview surveys and Medicare claims data. The intent is that the results of this study will provide epidemiologic data on choice and utilization of post acute rehabilitation settings, and information on the effectiveness of post acute rehabilitation on functional recovery and cost incurred. Findings will be useful for developing intervention programs to improve functional independence among elderly hip fracture patients.

**Grant:** 5R01AG015918-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** YOUNG, YUCHI DRPH  
**Title:** REHABILITATION AND FUNCTION RECOVERY AFTER HIP FRACTURE  
**Institution:** JOHNS HOPKINS UNIVERSITY BALTIMORE, MD  
**Project Period:** 1999/05/15-2004/04/30

**DESCRIPTION:** (adapted from Investigator's abstract) The broad, long-term objectives of this proposal are to understand the effects of post-acute rehabilitation and to improve functional independence among older hip fracture patients. The specific aims are: (1) To conduct an epidemiologic study of the pattern of use of post-acute rehabilitation facilities and the factors associated with choice of rehabilitation locations where patients receive their prescribed post-acute rehabilitation; (2) To examine the factors associated with the short-term and long-term effect of post-acute rehabilitation on functional recovery. The dose response effect of the amount of post acute rehabilitation on functional score will be tested adjusting for patient characteristics and other potential cofounders; (3) To examine the factors associated with Medicare payment incurred due to hip fracture in both the acute and post- acute care setting and to calculate the cost-effectiveness ratio. Hip fracture, a major problem of persons ages 65 and over, causes significant mortality, morbidity, and functional impairment. The loss of functional independence imposes a heavy burden on individuals, caregivers, and requires costly long-term care. Rehabilitation, as a tertiary prevention, is intended to restore prefracture autonomy and functional independence. Previous studies have examined functional recovery among elderly hip fracture patients who received interventions mostly in inpatient rehabilitation settings. Few studies have examined the effectiveness of post acute rehabilitation on functional outcome in multiple settings (inpatient, outpatient or subacute rehabilitation settings) and take into account the intensity and quantity of rehabilitation services received. The proposed study will use a longitudinal cohort design prospectively to collect and analyze demographic, medical, and psychosocial impacts of post acute rehabilitation on functional outcome and cost. Subjects will be a sample of 300 community- dwelling elders with unilateral hip fracture, who have had a surgical repair (internal fixation, hemiarthroplasty, or total hip replacement), and received prescribed post acute rehabilitations in any one of the predetermined inpatient, outpatient, or subacute rehabilitation facilities. The longitudinal data on demographic, medical, psychosocial characteristics and functional status will be collected through repeated interview surveys and Medicare claims data. The intent is that the results of this study will provide epidemiologic data on choice and utilization of post acute rehabilitation settings, and information on the effectiveness of post acute rehabilitation on functional recovery and cost incurred. Findings will be useful for developing intervention programs to improve functional independence among elderly hip fracture patients.

**Grant:** 5R01AG018967-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ZIMMERMAN, SHERYL I PHD  
**Title:** END OF LIFE CARE IN RESIDENTIAL CARE AND NURSING HOMES  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2001/06/01-2004/05/31

Nearly three million elderly are housed in long-term care (LTC) settings, and the numbers and proportions of persons who live and die there are increasing. Until recently, most LTC was provided in nursing homes (NHs), but non-nursing home residential care/assisted living (RC/AL) has been proliferating as an alternative to NH care. RC/AL facilities are extremely varied, ranging from small board and care homes to large complexes; in many cases, their residents resemble persons in NHs, including elderly with Alzheimer's Disease and related dementia. Despite their prevalence, and the fact that they are becoming significant providers of end-of-life care, virtually no information exists regarding how LTC facilities attend to the end-of-life of their residents; for RC/AL facilities, such information is completely lacking. This study will collect data from an established, stratified, random sample of LTC facilities and residents across four states to describe how care is provided in these diverse RC/AL facilities (stratified to include small facilities; larger, traditional facilities; and larger, new-model facilities) and NHs, and will compare the structure and process of that care, select outcomes of care, and the relationship between care and outcomes for a diverse group of residents. Specifically, data will be collected from 193 RC/AL facilities and 40 NHs participating in NIA's Collaborative Studies of Long-Term Care, to describe, compare, and evaluate the structure (the facility's capacity to provide care; the care setting) and process (the manner in which care is delivered; the application of care) of end-of-life care. Data also will be collected for a stratified sample of 450 of the residents who die or are transferred up to three days before their death, to describe: (1) the characteristics of the residents who die, such as their age, cognitive and comorbid status, and cause and site of death; (2) the care provided to these residents at the end-of-life, such as primary careprovider continuity and training to manage pain (structure), and advance care planning, administration of pain medications, and emotional support (process); and (3) select outcomes of end-of-life care, such as resident discomfort and quality of life, and family and staff satisfaction with care. Analyses also will determine the relationship between the structure and process and select outcomes of end-of-life care [e.g., the relationship between careprovider training (structure), administration of pain medications (process), and resident discomfort (outcome)]. This project will constitute a significant advance in the data available to maximize the end-of-life experience of millions of elderly who die in LTC settings.

**Grant:** 1R03AG022611-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BALL, MARY M PHD  
**Title:** RELATIONSHIPS OF CARE STAFF IN ASSISTED LIVING  
**Institution:** GEORGIA STATE UNIVERSITY ATLANTA, GA  
**Project Period:** 2003/07/01-2004/06/30

The overall goal of the proposed study is to increase understanding of how assisted living facilities (ALFs) can create an environment that maximizes job satisfaction and retention of direct-care staff. The specific aims are: 1) to understand how social relationships in the work place affect job satisfaction and retention of direct-care staff in ALFs; and 2) to understand how individual, job, and workplace factors influence the development and maintenance of social relationships of direct-care staff in ALFs. Qualitative methods will be used to study two assisted living facilities in the metro Atlanta area. The proposed research sites are a 36-bed non-profit facility and a 90-bed for-profit facility with a special care dementia unit. Data collection will extend over a 6-month period and will consist of in-depth interviews, informal interviewing, and participant observation. In-depth interviews will be conducted with approximately 40 direct-care staff and with 2 administrators (the person responsible for management of care staff in each home). Care staff will be selected purposively to represent variation in personal characteristics (race and age), length of employment, shift, full- and part-time status, and job content (assisted living vs. special care unit). Observations and informal interviewing of care staff will take place during bi-weekly visits to each home over the 6-month data collection period. All in-depth interviews will be tape-recorded and transcribed. Data will be analyzed using a grounded theory approach. The proposed study will provide the first comprehensive, in-depth information about the viewpoints and experiences of direct-care staff in ALFs. It will offer valuable insights to long-term care researchers, policy-makers, and service providers by illuminating the role of work-place relationships in job satisfaction and retention of direct-care staff in this setting. The study also will improve understanding of the overall experience of direct-care workers in ALFs and of how best to conduct research with these workers. Based on these findings, we plan to submit an R01 proposal to conduct a statewide study investigating more broadly the individual, sociocultural, and environmental factors that influence job satisfaction and retention and the relationship between these variables in this setting.

**Grant:** 1R03AG022195-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BERTRAND, ROSANNA M PHD  
**Title:** Individual Trajectories of Change in Caregiver Stress  
**Institution:** BOSTON UNIVERSITY MEDICAL CAMPUS BOSTON, MA  
**Project Period:** 2003/09/01-2004/08/31

Most caregivers of disabled or chronically ill older adults face multiple stressors on a daily basis due to factors such as those related to the care recipient (e.g., behavioral problems) or the caregiving situation (e.g., duration of care). Studies consistently find that informal caregivers report higher rates of stress than non-caregivers. Further, although there is growing empirical evidence that chronic stress demonstrates adverse effects on cognitive functioning in middle-aged and older adults, studies are lacking that have evaluated this association in caregivers, a natural group to target when studying the long-term effects of chronic stress. The proposed investigation will examine individual trajectories of the rate of change in stress over three annual time points using the Caregiver Study of Osteoporotic Fractures (CGSOF) sample, an ancillary study of the Study of Osteoporotic Fractures (SOF). CGSOF is a prospective cohort study of 375 elderly women caregivers matched on age and race to 694 elderly women non-caregivers, all of whom are SOF respondents. The general hypothesis of this study is that stress will intensify over time for caregivers, with the most rapid increases in stress found in caregivers who are exposed to risk factors (e.g., behavioral problems) and/or lack exposure to protective factors (e.g., social support). In turn, chronic prolonged stress will have a negative impact on cognitive performance. This study will use secondary data analyses of the CGSOF sample to expand on the existing literature by modeling growth curves of change in caregiver stress utilizing Hierarchical Linear Modeling (HLM). Growth curve modeling is ideal for examining change over time because it allows for the estimation of inter-individual differences in intra-individual change. Longitudinal techniques that are commonly used such as repeated measures analysis of variance provide estimates of average growth for discrete groups; they provide a representation of average tendencies. The proposed study will also add to the literature by assessing the association between chronic, prolonged stress and cognitive performance in older women caregivers and non-caregivers. The implications for this study are twofold. First, the findings from this investigation will inform an R01 proposal by providing data on individual rates of change in stress as well as the effects of chronic stress on cognition as an outcome. Second, these results have potential public health significance since cognitive functioning has been identified as a risk factor for increased morbidity and mortality.

**Grant:** 1R03AG022144-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BRAUN, URSULA K MD  
**Title:** Cultural Differences in End-of-Life Decision Making  
**Institution:** BAYLOR COLLEGE OF MEDICINE HOUSTON, TX  
**Project Period:** 2003/05/01-2004/04/30

NIA Pilot Program PAR-02-049, Subs. 20, Racial/Ethnic Differences End-of-life decision-making is an important aspect of providing quality healthcare, especially for the elderly population. Increasingly, the appropriateness of many of these decisions is being questioned. Studies have demonstrated that many invasive procedures done in seriously ill patients do not significantly alter their course, many patients die without having severe pain or other symptoms addressed, and families felt dissatisfied with their care. Additionally, there are striking racial/ethnic disparities in end-of-life care. Contrary to the usually observed reduced use of procedures for African Americans, the minority group for which the most data exist, in end-of-life care procedures are used at a much higher rate in African Americans than in whites. Given that the medical-technical orientation of care at the end-of-life has been severely criticized and is considered as 'poor' quality of care by some, these observed disparities may reflect yet another example of 'worse' care for minorities. Alternatively, it could represent true cultural/ethnic/racial differences in decision-making for end-of-life care. To address this gap in knowledge and gain further insight of the decision-making process, we propose a qualitative study with the Specific Aims: 1) To explore qualitatively how end-of-life decisions are made, we will conduct focus group interviews with the main participants of the decision-making process for end-of-life care, stratified by race, to assess values, concerns and beliefs that guide patients', surrogates' and physicians' end-of-life decision-making, with a special emphasis on cultural/racial/ethnic differences. 2) To create a comprehensive, culturally sensitive Values Inventory that will incorporate data empirically derived from patients' and surrogates' focus groups with the overall goal to significantly improve the quality of the decision-making process at the end-of life. The proposed study will result in a Values Inventory that will guide physicians' assessments of patients' and surrogates' values and preferences for end-of-life care. This proposed project will lead directly to a RO1 application with the specific aim to assess the feasibility and efficacy of using the Values Inventory in a clinical trial.

**Grant:** 1R03AG022650-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CROWTHER, MARTHA R  
**Title:** CUSTODIAL GRANDPARENTS AND RELIGION AND SPIRITUALITY  
**Institution:** UNIVERSITY OF ALABAMA AT BIRMINGHAM, AL  
BIRMINGHAM  
**Project Period:** 2003/09/30-2004/09/29

This proposal is in response to PAR-02-049 to reduce health disparities among older persons and populations by conducting research to disentangle the effects of socio-economic status, social and environmental factors, health behaviors, and race and ethnicity on health. There has been a steady increase in the number of African American custodial grandparents. Many grandparent caregivers experience stress, decreased social and economic well-being and reduced physical health as a result of caregiving. As interest in this area grows, questions as to methods grandparents use to cope with the stress of caregiving increase. There is a paucity of data available on the use of religious and spiritual practices among grandparents who raise their grandchildren. Preliminary results suggest that African American custodial grandparents are very religious and spiritual, and that religiosity and spirituality may serve as coping mechanisms for grandparents who are primary caregivers for their grandchildren. Research in the area of cognition and aging suggests that there may be differences in the cognitive abilities of those actively involved in social activities. Preliminary results suggest that older African Americans that gave support have higher levels of everyday problem solving abilities. The primary aim of this study is to examine the impact of the social activities many custodial grandparents engage in which include religious activities and activities surrounding raising their grandchildren as a protective factor against the stressors associated with caregiving and a method to enhance their cognitive abilities. While designed primarily to assess the relation between the stressors of custodial grandparenting, religion/spirituality and cognition, the proposed study has clinical and policy implications. Clinically, the results of the proposed study could help identify topics to be addressed in grandparent caregiver support groups, such as problem solving skills and coping skills. It will also aid in assessing the types of practical skills needed to provide care for other. In the realm of policy, the results of the current study could identify the areas of concern for grandparent caregivers, such as obtaining access to medical care for their grandchildren. The research team includes the principal investigator and the consultant. The investigators have prior experience, publications, and preliminary data on working with older African Americans.



**Grant:** 1R03AG022177-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** IRIS, MADELYN PHD  
**Title:** Family Decision-making and Time-to-Diagnosis of ADRD  
**Institution:** NORTHWESTERN UNIVERSITY EVANSTON, IL  
**Project Period:** 2003/07/01-2004/06/30

This application responds to PAR-02-049, NIA Pilot Research Grant Program (R03) objective 20 (Racial/Ethnic differences and health disparities) and objective 24 (Improved measures and methodologies). This project addresses decision-making and delays in the diagnosis of Alzheimer's disease for African-American and Hispanic patients. Specific Aim 1: validate a new data collection methodology (Qualitative Decision Analysis) that uses a card sort method to trigger memory for four critical time points: First Notice of memory or behavior change; formal Problem Recognition; First Visit to Physician for evaluation of memory/behavior changes; and medical Diagnosis. Specific Aim 2: test for the following effects on decisionmaking and time-to-diagnosis latencies: acculturation, decisionmaking style, family functionality, sociodemographic characteristics, previous experience of AD, and comorbidities (using Kaplan Meier survival functions and Cox Regression). Specific Aim 3: generate pilot data for an R0-1 proposal on diagnosis seeking for chronic and degenerative diseases affecting older adults. Predictions are: (1) groups with timelines marked by onset of a major illness/catastrophic event will come to Problem Recognition more quickly than groups with time lines characterized by repetitive, cumulative events; (2) groups with timelines marked by onset of a major illness/catastrophic event will seek medical attention for family members more quickly than participants with time lines characterized by repetitive, cumulative events; (3) groups with timelines marked by onset of a major illness/catastrophic event will display faster times to Diagnosis than participants with timelines characterized by repetitive, cumulative events; (4) family decision-makers who are more acculturated, more assertive, have higher family functionality, and higher SES will show shorter times from First Notice to First Physician Visit; (5) when patients have higher numbers of pre-existing illnesses longer times from First Notice to Problem Recognition, but shorter times from Problem Recognition to First Contact will be found; and (6) caregivers with previous experience with ADRD will demonstrate shorter times from First Notice to First Contact. The sample includes 45 Hispanic and 45 African American caregivers who self-identify as key agents in the diagnosis-seeking process and whose family member received a diagnosis from a Primary Care Provider.

**Grant:** 1R03AG023236-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KARASZ, ALISON K PHD  
**Title:** Family Decisions About Palliative Care  
**Institution:** YESHIVA UNIVERSITY BRONX, NY  
**Project Period:** 2003/09/30-2005/08/31

#9 Basic Research in Behavioral Medicine Research on decision-making in end of life care has focused largely on the decisions of individual patients. However, in about 75% of deaths, family members bear the responsibility of making decisions in end of life care. Current ethical and legal guidelines for family decision making incorporate a deliberative, rational model of decision making which gives priority to patients' individual autonomy and prior wishes. A wealth of anecdotal data from the bioethics literature suggest that these guidelines are inadequate, reflecting an individual rights-oriented moral framework that may be irrelevant to many families' actual priorities and needs, especially families from non-white, non-middle class communities. Yet in order to develop ethical guidelines and models of care that meet families' needs, empirical research is needed to improve our understanding of how families actually make decisions about end of life care. Of the few studies reported in the literature on this topic, most are retrospective studies or have been conducted on intensive care units where decision-making may have limited scope. The proposed study is an observational, qualitative investigation of family decision-making at a key turning point in end of life care: the decision to shift the direction of treatment away from curative efforts towards a palliative care approach. Patients from three ethnic groups will be recruited for the purpose of cross-cultural comparison. The study utilizes both participant observation of family interactions and decision-making processes, and qualitative interviewing. A follow up interview at a six week interval is included to assess the impact and meaning of palliative care decisions on family members. Aims of the study include: examining decision-making processes and moral priorities of family members, examining the barriers to realizing decision making priorities, investigating the long term impact of decision-making, and investigating cross cultural differences in decision processes. The overall goal of the study is to identify key variables, processes and outcomes that can be measured in a larger, hypothesis-testing study of family decision making.

**Grant:** 1R03AG021014-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LILLARD, DEAN PHD  
**Title:** Smoking Cessation Among Older Americans  
**Institution:** CORNELL UNIVERSITY ITHACA ITHACA, NY  
**Project Period:** 2003/09/30-2005/08/31

DESCRIPTION (provided by applicant): Smoking is the leading preventable cause of death in the U.S., contributing to more than 400,000 deaths annually. Smoking cessation, even at older ages, reduces major health risks and increases longevity and the quality of life. The analysis of smoking cessation by people who reached age 55 in four different decades will improve our understanding of the determinants of cessation by older smokers and the potential for public policies to influence these decisions. The first specific aim of the project is to develop a new database from existing data by combining three well-known secondary longitudinal data sets - two of the samples of the National Longitudinal Surveys (NLS) Original Cohorts, and the Panel Study of Income Dynamics (PSID) - to create a merged sample for analysis. To accomplish this specific aim, we will develop methods to re-compute sampling weights that reflect differences in sample design, response rate, and attrition across the data sets. The resulting merged sample will allow for a rich empirical model and will provide more statistical power to detect important determinants of smoking cessation rates among older individuals. The second specific aim is to use the merged sample to estimate discrete time hazard models of the probability that an older smoker quits. Retrospective questions on smoking in the NLS and PSID will allow us to construct lifetime smoking histories. Using the smoking histories, we will examine the determinants of smoking cessation from the 1960s to the 1990s. Using information on geographic location, the project will merge policy variables with the core data to provide histories of the policy environments faced by respondents. These data allow us to study how quit rates are influenced by taxes, direct restrictions on smoking, information about the health consequences of smoking, and the availability and advertising of smoking cessation products.

**Grant:** 1R03AG022170-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LUDWICK, RUTH E PHD  
**Title:** Improved Methodology: A Factorial Survey Study  
**Institution:** KENT STATE UNIVERSITY AT KENT KENT, OH  
**Project Period:** 2003/06/01-2004/05/31

The purpose of this study is to evaluate the validity and reliability of the factorial survey method for implementing an experimental design. Second, we test a method to access nurses in nursing homes as subjects. This preliminary work will serve as foundation for an R01 grant submission. Validity will be assessed by use of the recent case method identifying the isomorphism of the vignettes with real life situations. Test-retest reliability of responses will evaluate the stability of both individual and collective judgments. Strengths of the study include expansion and evaluation of the factorial survey to nursing; and ease of implementation of an experimental design that does not compromise day-to-day nursing practice. The use of semi-structured interviews will be used to determine whether any resident data was missing in the vignette or whether additional interventions might be appropriate. Based on previous studies, three dependent (patient problems) and 10 independent variables (patient conditions) related to elder patient acute confusion are used in the vignettes. Additionally, the impact of two nurse characteristics and organizational characteristics are assessed. Two hundred nurses working in nursing homes will each be given three vignettes outlining a clinical problem for which a clinical decision response is asked. The sample of 600 vignettes will allow for a power of .85 likelihood of detecting a 3% increment to R-Squared. A test-retest of the vignettes will be done on a 10% subsample of respondents who score as either high or low outliers. This 10% subsample will also participate in the semi-structured interviews, which will immediately follow the test-retest of the vignettes. Descriptive statistics, regression, and a repeated measures within subjects ANOVA will be used to analyze the data.

**Grant:** 1R03AG022110-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LYONS, KAREN S PHD  
**Title:** A New Method to Study the Care Receiver-Caregiver Dyad  
**Institution:** OREGON HEALTH & SCIENCE UNIVERSITY PORTLAND, OR  
**Project Period:** 2003/07/01-2004/06/30

The proposed pilot study addresses NIA PAR 02-049, Research Objective 24, Improved Measures and Methodologies, by evaluating the utility of the multilevel modeling (MLM) approach to examine the well-being of the Care Receiver (CR)-Caregiver (CG) dyad over a 20-month period. The goal of this proposed pilot research is to reconcile changes over time in two subjective measures of well-being (i.e., mutuality) - one from frail CRs and the other from CGs. MLM is an innovative methodology, which reconciles two observed measures into four latent outcomes for each dyad: a dyad score, a dyad discrepancy score, and a true score for both CR and CG, adjusted for measurement error. Thus, in contrast to standard approaches to caregiving research that focus on the individual CR and CG as units of analysis, the proposed study focuses on the dyad as the unit of analysis. A secondary goal of the study is to examine the relationships between changes in the latent dyad outcomes and changes in physical and mental well-being of both CR and CG. The proposed pilot study is a longitudinal 20-month (5-wave), secondary-data analysis of CRs and CGs from the study PREP: Family-based Care for Frail Older Persons (R01 AG17909, P. Archbold PI), known as the Family Care Study. The Family Care Study is a randomized nursing intervention trial, which follows families three times during a 12-month intervention period, and on two subsequent occasions. The aims of the proposed study are: 1. To describe dyad mutuality and dyad discrepancy for both intervention and control groups at baseline. 2. To describe the pattern of change in average dyad mutuality and dyad discrepancy over 20 months. 3. To describe the pattern of change in true score mutuality (for CRs and for CGs) over 20 months. 4. To describe the effect of the intervention on changes in dyad mutuality, dyad discrepancy, and true scores. Analyses will involve MLM (both univariate and multivariate models). Findings from this methodological case study will provide the foundation necessary to seek funding for a more comprehensive longitudinal study of the CR-CG dyad (as the unit of analysis) to plan future dyadic interventions that strive for a balance between CR and CG needs and the physical and mental well-being of the dyad.

**Grant:** 1R03AG022652-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MCILVANE, JESSICA M PHD  
**Title:** COPING WITH ARTHRITIS: EFFECTS OF AGE, RACE & SES  
**Institution:** UNIVERSITY OF SOUTH FLORIDA TAMPA, FL  
**Project Period:** 2003/09/30-2004/08/31

This application is a response to research objective 20) Racial/Ethnic Differences and Health Disparities. Osteoarthritis (OA), a common chronic condition, is associated with pain, functional impairment, and poor well-being for women. OA is associated with significant economic costs to society. Little is known about coping with OA in African Americans or persons with low socioeconomic status (SES), groups that tend to be over-affected but understudied. Most research on coping with arthritis is comprised of White, middle to upper class samples and may not apply to all groups. It is important to document the extent to which African Americans perceive OA as stressful, use similar strategies, and have similar physical and psychological well-being compared to their White counterparts. The purpose of this proposal is to examine coping with OA and well-being in middle-aged and older African American and White women of varying SES. The main goal is to examine similarities and differences in stress-appraisal, coping, and well-being as function of age, race, and SES. The two specific aims for this proposal are: 1) to document patterns of illness, stress, coping, and well-being among African American and White women, and 2) to examine the effects of coping on well-being based on age, race, and socioeconomic status. Participants will include equal numbers of African American and White older and middle aged women (N=200). Analyses will document basic patterns of stress, health, and coping as a function of age, race, and SES. Additional analyses will examine whether these critical variables interact to predict use of coping strategies, and whether these variables interact with coping to predict well-being. Identifying effective coping strategies for particular groups informs the design of interventions and potentially eases the burden of OA on individuals and society. This study is an important first step in the documentation of stress and coping by age, race, SES, and the role of additional critical factors such as gender and illness type. Results based on the model proposed and examined in this pilot study will be used to design a larger study which ideally will include both men and persons with rheumatoid arthritis in a multi-region study.

**Grant:** 1R03AG022640-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SORENSEN, SILVIA PHD  
**Title:** VALIDATION OF A PREPARATION FOR FUTURE CARE MEASURE WITH OLDER AFRICAN-AMERICANS  
**Institution:** UNIVERSITY OF ROCHESTER ROCHESTER, NY  
**Project Period:** 2003/09/15-2004/08/31

This proposal is in response to PAR-02-049 NIA Pilot Research Grant Program. It addresses Research Objective #20 (Racial/Ethnic Disparities), but also #24 (Improved Measures and Methodologies) and #12 (Cognition in Context). R03 funding is sought to validate a measure of Preparation for Future Care (PFC) in a sample of older African-Americans and to validate a brief measure of PFC. Background: PFC is defined as thoughts or actions aimed at optimizing the care received in late adulthood. Thoughts and actions might include identifying sources of aid and arranging coverage of long-term care. PFC is important because it may buffer the adverse effects of chronic, progressive illnesses and functional limitations. The most widely used measure to assess PFC, the "Preparation for Future Care Needs" instrument (PFCN), has not been validated for use with minority participants, and its discriminant validity has not been established with regard to cognitive measures and measures of attitudes and emotions about the future. Also, the 47-item measure is too lengthy to use in some research and clinical contexts. Method: Data will be collected from 200 African-American and 200 White older adults in the Rochester area. Participants will be asked to complete a 47-item PFC survey and a 21 item short form within 4 weeks of each other. They will also complete measures of everyday cognition (e.g., how to locate a phone number in the yellow pages), basic cognitive functioning (e.g., memory, tracking, inductive reasoning, comprehension), and emotional/attitudinal measures (e.g., planfulness, death anxiety, dementia anxiety). Covariates will include socio-economic variables, health care access, health status, and limitations in activities of daily living. The development of a valid short measure of PFC is fundamental to conducting future large-scale longitudinal studies of adaptation to increased illness and disability, in which only brief measures are feasible. The information gained will also contribute to the development of a screening tool for practitioners assisting older adults with care plans.

**Grant:** 1R03AG022062-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** STEVENS, JUNE PHD  
**Title:** Obesity, diet and functional health in African-Americans  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2003/05/01-2005/04/30

DESCRIPTION (provided by applicant): The African American elderly population will more than triple by the year 2050. Current evidence indicates that declines in functional health are more common in this group than in Americans in general, yet little is known about modifiable risk factors that could reduce the observed declines in functional health. The purpose of this research is to determine associations of functional health with body weight, fat distribution, diet quality and alcohol consumption in African American men and women. Associations between functional health and the exposures of interest will be examined cross-sectionally, prospectively, and as a function of mean annual changes. Data for this study will come from the Atherosclerosis Risk in Communities (ARIC) cohort. Information on functional health is available from 1,616 African American women and 877 African American men ages 54-73 years who participated in the visit 4 examination (1996-1998). Functional health will be assessed using lower extremity function, activities of daily living (ADLs), and instrumental activities of daily living (IADLs). Other data available include: a total of 4 measures of weight, height, waist and hip circumference, and alcohol consumption collected at 3 year intervals over 9 years prior to visit 4 and at visit 4; reported weight at age 25; and a 66-item food frequency questionnaire administered at visit I (9 years prior to the outcome measures). This proposal is directly responsive to PA-01-082 to "... support researchers interested in undertaking secondary data analyses of data related to ... behavioral research on aging" and "... epidemiological research on the aging process and on the determinants of health and mortality in older populations .... "



**Grant:** 1R03AG022353-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** STEVENS, JUNE PHD  
**Title:** Obesity in early and middle adulthood and retirement  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2003/09/30-2005/08/31

DESCRIPTION (provided by applicant): By the year 2050, the African American elderly population is expected to more than triple while the white elderly population is expected to double. Previous work in Scandinavian countries has indicated that obesity is one lifestyle factor that is associated with disability pensions. There has been a dramatic increase in obesity in the U.S. in recent years, however, very little is known about the associations between obesity and retirement issues in the U.S. Current evidence indicates that African American men and women aged 45 years and older are more likely to report being unable to work because of a physical, mental, or emotional problem than white men and women. It is also known that the prevalence of obesity is almost twice that in African American women compared to white women. The purpose of this research is to determine long-term and short-term associations between obesity, weight gain and retirement among African American and white men and women. Analyses targeting long-term associations will examine the effect of body mass index at age 25 on subsequent age of retirement. Short-term associations will be examined as the effect of body mass index in later adulthood on retirement in the subsequent 3 years. We will also examine associations between weight gain from age 25 to later adulthood and retirement. The proposed study will use extant data from the Atherosclerosis Risk in Communities (ARIC) cohort. Information on retirement status is available from 2,314 African American women, 1,620 African American men, 4,517 white women, and 5,409 white men aged 45-64 years at baseline (1987-1989) and examined at 3-year intervals in a maximum of 4 visits. Retirement will be assessed using information on employment status at each visit. Information on measured weight and height, self-reported weight at age 25 and several other pertinent variables will also be used in these analyses. This proposal is directly responsive to PA-01-082 to "... support researchers interested in undertaking secondary data analyses of data related to ... behavioral research on aging" and "... determinants of retirement .... "

**Grant:** 1R13AG023033-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FRANK, JANET C PHD  
**Title:** Minority Faculty Development in Aging Research Confere  
**Institution:** UNIVERSITY OF CALIFORNIA LOS ANGELES LOS ANGELES, CA  
**Project Period:** 2003/09/30-2007/08/31

DESCRIPTION (provided by applicant): The proposed annual conferences, The Minority Faculty Development in Aging Research Conference Series, are designed to provide a forum for the scientific advancement of faculty development processes and tools developed by the NIA Resource Centers for Minority Aging Research (RCMARs), the NIA Pepper Centers, the NIA Alzheimer's Disease Research Centers, the NIA Roybal Centers; and other national center programs, such as EXCEED and EXPORT, that share common missions. The Series will be managed by the UCLA National RCMAR Coordinating Center (CC), which brings considerable expertise in faculty development programs and conference management. Four years of funding for the annual conferences is being requested, to span the current funding cycle of the RCMAR CC. The Planning Committee for the Series is chaired by James S. Jackson, PhD, a renowned leader in minority aging research and an experienced director in minority faculty development training. The annual conferences will be linked to the Gerontological Society of America (GSA) Annual Scientific Meetings, and an established successful collaboration for two previous pre-conferences on minority aging research content. Addressing health disparities is a national priority, and increasing the cadre of qualified minority faculty in aging research is seen as one important avenue to improve health disparities research. The RCMARs, and other national programs, have been challenged to develop processes and tools to improve minority faculty in aging research by identifying and addressing the challenges and barriers for academic advancement and independent research success of minority and women faculty. This conference series provides an important forum for sharing across RCMARs and other NIA-sponsored programs with this common mission. Each annual conference will address a critical theme in minority faculty development, guided by scientific literature and the expertise and experience of the planning committee. The theme for the first one-day program in the series proposed for the 2003 GSA Pre-conference is "Maximizing Minority Faculty Success through Mentoring" to be held in San Diego, CA.

**Grant:** 1R13CA103860-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KAEHLER, CHARLES T  
**Title:** Conferenc Spirituality/Helth/Well-Being/Service Delivery  
**Institution:** INTERNATIONAL CENTER FOR THE ROCKVILLE, MD  
INTEGRATION  
**Project Period:** 2003/04/15-2004/03/31

DESCRIPTION (provided by applicant): This is a grant application is for a research conference on integrating spirituality to health care and social services. The conference, which is schedule for April 1-3, 2003, at the Natcher Conference Center on the NIH campus, will present research-based information on the relationship between spirituality and health and well-being both to the public as well as attendees from NIH Institutes, Centers, and Offices, and other government agencies who are involved in healthcare research or service delivery. It will also provide Category 1 Continuing Medical Education for professionals attending the conference. The results of the conference will be disseminated in proceedings that will be distributed in paper and electronic format. Audiocassettes and conference abstracts will be provided at the conference.

**Grant:** 1R13AG023011-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MEHROTRA, CHANDRA M PHD  
**Title:** Increasing Aging Research by Social Work Faculty  
**Institution:** COLLEGE OF ST. SCHOLASTICA DULUTH, MN  
**Project Period:** 2003/09/30-2006/08/31

DESCRIPTION (provided by applicant): The proposed program has been designed to increase the national capacity for conducting high quality aging research in social work, thereby enhancing the health status of older adults. Thirty junior and mid-career faculty from bachelor's and master's programs in social work will receive advanced training with the goal of enhancing their ability to develop an active research agenda and integrating teaching and research on aging in their curriculum. We are committed to attracting and retaining a critical mass of women, minorities, and disabled faculty members. Program objectives include: (1) to increase social work faculty's knowledge, skills, and motivation for pursuing an active program of aging research. (2) To provide participants an opportunity to interact intensively with senior investigators and to promote the development of networking relationships among them. (3) To increase participants' awareness of NIA support available for conducting social work research in aging. (4) To increase the number of strong grant applications that social work faculty submit to the National Institute on Aging. The program will be promoted through a collaborative liaison with the Society for Social Work Research, Council for Social Work Education, and Gerontological Society of America. Program design includes an initial institute, ongoing consultation during the intervening year, a mid-year meeting, and a follow-up institute. Topics include Research Design, Measurement, and Analysis (Aloen Townsend), Evaluation of Interventions (Susan Hughes), Elder Mistreatment (Gregory Paveza), Caregiving and Disabilities (Marsha Seltzer), Ethnicity and Aging (Peggye Dilworth-Anderson), Preparing Grant Applications (Chandra Mehrotra), and NIA Support Available for Aging Research (NIA staff). A systematic evaluation will be conducted to monitor implementation of proposed activities and to determine their effectiveness in achieving the intended outcomes. The co-directors and the participants will disseminate their NIA-supported activities via conference presentations, publications, and Web sites.

**Grant:** 1R13AG022436-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MORGAN, RUSSELL E DPH  
**Title:** Computer-Based Technology & Caregiving for Older Adults  
**Institution:** SETTING PRIORITIES/RETIREMENT YRS FND WASHINGTON, DC  
**Project Period:** 2003/09/01-2004/08/31

DESCRIPTION (provided by applicant): The conference entitled Computer-based Technology and Caregiving for Older Adults will focus on the role that technologies such as the Internet, sensors, robotics and others can play in the home care of older adults. The conference will bring together researchers and practitioners in the aging network to learn about current and proposed care giving technologies, issues involved in the use of such technologies, and research priorities for studying the use of computer-based technologies in care giving settings. The conference is the third in a series of conferences coordinated by the SPRY Foundation on the role of technology in supporting improved quality of health for older adults and caregivers. Outcomes of the conference will include a compendium of the state of the art in computer-based technologies for care giving, as well as conference proceedings and a journal article.

**Grant:** 5R13AG020144-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PRUCHNO, RACHEL A MA  
**Title:** Science and Ethics of Aging Well  
**Institution:** BOSTON COLLEGE CHESTNUT HILL, MA  
**Project Period:** 2002/09/01-2005/08/31

DESCRIPTION (provided by applicant): As our society continues to age, it struggles with a host of ethical issues with which previous generations were never confronted. Included are decisions about the extent to which succeeding generations should be responsible for one another, how care is provided and how decisions about end of life care are made, and how advances in genetic technology influence the kinds of lives we lead. This application requests support for three conferences designed to advance interdisciplinary research on aging and ethics. By providing a forum for scientists from diverse backgrounds and ethicists who are committed to understanding the intersection of aging and ethics to gather, a unique opportunity would exist for stimulating critical thinking, defining the salient questions that remain unanswered, and crafting the foundation for the next generation of empirical research studies to be conducted. Each conference would have an applied focus as it struggles with a major issue at the intersection of aging and ethics. Conference topics would include: (1) Responsibility and community across the generations, (2) End of life, and (3) Aging, genetic technology, and the future. Invited presenters would come from disciplines including, but not limited to, philosophy, ethics, theology, gerontology, sociology, anthropology, psychology, medicine, and law. Commissioned papers would have as their goal generating discussion and new empirical research based on theoretical and empirical knowledge bases. The proceedings from each of the conferences would form the basis of an edited volume.

**Grant:** 1R21AG020470-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LI, FUZHONG PHD  
**Title:** Cobblestone Walking for Elder Health  
**Institution:** OREGON RESEARCH INSTITUTE EUGENE, OR  
**Project Period:** 2003/09/30-2005/08/31

Stone-stepping, an activity in which people walk on a fixed, smooth cobblestone surface, is based on fundamental principles of traditional Chinese medicine that also underpin other forms of Chinese health-related activities, such as Tai Chi. Preliminary data based on a pilot study have indicated potential health-related benefits of this stonestepping activity. However, further research with a larger controlled trial is needed to substantiate its health and well-being benefits. The primary aims of the proposed study are, in a 4-month randomized controlled trial, to examine the effects of this novel activity on measures of balance, physical functioning, and health-related quality of life in older adults. One hundred community-dwellers aged 60 and over will be randomly assigned to one of two study conditions: (a) a cobblestone-mat walking group or (b) a wellness education (attention) control group. Participants in the experimental group will engage in a cobblestone-mat walking activity three times per week for 16 weeks. Primary outcome measurements include variables related to balance, physical functioning, and health-related quality of life, to be assessed before and immediately after intervention. A repeated-measures ANOVA procedure will determine whether changes in outcomes take place over the 16-week intervention period. This study is unique because it represents an effort to offer a novel physical intervention to older adults, a population that has received few formal exercise interventions. The results from this study will substantiate preliminary evidence for the efficacy and feasibility of this novel physical activity in positively influencing selected health outcomes among the elderly. In addition, results are likely to provide support for the development of an added, low-cost, innovative exercise modality suitable for community setting to reduce or delay frailty in the older population.

**Grant:** 1R41AG022751-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BISCHOFF, BRIAN J MS  
**Title:** Non-Intrusive Monitoring of High Functioning Elderly  
**Institution:** RED WING TECHNOLOGIES, INC. MINNEAPOLIS, MN  
**Project Period:** 2003/09/15-2004/02/29

DESCRIPTION (provided by applicant): Technological developments aimed at extending the ability of the elderly to live independently often target those people with a disability, chronic condition, or other reason requiring help with their care. A critical gap in current research, specifically addressed by this STTR program, is assistance technology for the population of persons over 65 years of age who are high-functioning and generally healthy, but are growing increasingly frail as they age and susceptible to an accident or illness becoming a disabling medical incident and eliminating their ability to live independently. Those living alone are at the most risk because their illness or injury may go unnoticed for a considerable length of time, turning a minor incident into a serious one. While this population could benefit from monitoring, its members are likely to be intolerant of intrusive monitoring because there is no clear medical need for it and the costs of a "just-in-case" home monitoring systems often outweigh the perceived benefits. To address these issues, this research observes that, in many cases, a concerned neighbor is often the first person to notice a problem simply by observing, in a non-intrusive manner, a large variation in a person's routine (e.g., lights not on when they should be) and taking appropriate action. This effort explores the hypothesis that a low-cost, non-intrusive home monitoring system can provide actionable information on the welfare of a home's occupant, i.e., an 'Electronic Concerned Neighbor'. The innovation that enables this are intelligent decision algorithms that can take simple sensor inputs and learn a person's routine, adapt to changes, detect significant variations, and take appropriate action (e.g., alert a care provider).



**Grant:** 1R42AG021844-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SAHAI, ANIL K DO  
**Title:** Medication Dispenser: MD2: Improving Health Outcomes  
**Institution:** INTERACTIVE MEDICAL DEVELOPMENT, LC WEBSTER CITY, IA  
**Project Period:** 2003/09/30-2004/08/31

DESCRIPTION (provided by investigator): The medication dispensing and monitoring system, MD 2, has been shown in preliminary studies to support a medication compliance rate of 98.5% The MD 2 was developed by Interactive Medical Developments LC to address issues of medicine non-compliance and the negative impact non-compliance has on the health and well being of the patient and the frustration of caregivers. It contacts caregivers when medications have not been picked-up and maintains a personal WEB site for each client tracking their history of medication compliance The MD 2 now also has a personal emergency response system. The need to improve medication management, among the frail elderly, via such technologic innovation as the MD 2 needs to be more formally studied through a randomized clinical trial to establish the benefits of having such a high compliance rate. Such strategies may offer increased support to the elderly with fewer human resources and a substantially reduced cost to the public health system. This needs to be documented through a randomized trial. This STTR Phase I study is to establish protocols and working relationships for a STTR Phase II study of the effectiveness of using an MD 2. The specific aims of this study focus on establishing Data Monitoring protocol, Safety Monitoring protocol, finalizing assessment tools and establishing good working collaborations between Interactive Medical Developments, LC, the University of Iowa Center on Aging and four Area Agencies on Aging.

**Grant:** 1R43AG019998-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BEDROSIAN, RICHARD C PHD  
**Title:** Self-help Computer Services for Bereaved Elders  
**Institution:** MYSELFHELP.COM, INC. NORTHBORO, MA  
**Project Period:** 2003/08/01-2004/09/30

DESCRIPTION (provided by applicant): This SBIR Phase I project is intended to design and test the first prototype of an interactive self-help computer program and online support service for bereaved elders. The goal of the project is not only to aid seniors with the grief process, but also to reduce the risk of complicated bereavement, and to assist those who are experiencing such symptoms to obtain professional help in a timely manner. The prototype will be based on relevant research findings and clinical experiences pertinent to bereavement among the elderly. Each user will receive a customized learning experience, resulting in personalized feedback from the program. Focus groups and expert reviews of content and usability will provide assistance in the design process. The feasibility of the prototype and the online services will be tested in three stages with a sample of bereaved elders.

**Grant:** 1R43AG020870-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CALKINS, MARGARET P PHD  
**Title:** An Assistive Wardrobe to Support Dressing Independence  
**Institution:** IDEAS, INC. KIRTLAND, OH  
**Project Period:** 2003/09/15-2004/02/29

DESCRIPTION (provided by investigator): The majority of individuals in long term care settings have significant and often severe limitations in their ability to complete basic activities of daily living (ADLs). MDS data indicate that over 80% of individuals in nursing homes are unable to dress independently with verbal prompts, and over 55% of individuals in assisted living also need assistance. Decreased ability to provide self-care has negative consequences on self-image, whereas increasing ability to complete ADLs independently supports more positive self-image and higher quality of life. The aim of this project is to develop a closet system/wardrobe that can be easily customized to support specific and common physical and cognitive disabilities of nursing home and assisted living residents. The basic hypothesis is that an adaptable wardrobe, designed to universal design principles, will increase independence in dressing in residents in long-term care settings with either physical or cognitive impairments. This in turn will decrease the amount of time staff needs to spend on assisting residents with dressing. The project will develop a prototype unit and test it in several assisted living facilities and nursing homes. Universal design principles are not routinely incorporated into the design of products such as wardrobes, despite substantial evidence of their efficacy. Features that do not need to be "learned" to use, such as a light colored interior, an interior light that automatically turns on and off, and door and drawer knobs that can be easily seen and used by someone with significant strength or range of motion impairments, would be included. Recognizing both the significant range and degree of physical and cognitive impairments of long term care residents, additional features will be designed as "add on" components, which can be tailored to the specific needs of an individual resident. Facilities are increasingly recognizing the importance of resident centered care practices, in which the specific needs and abilities of individual residents are considered when developing care plans. The physical environment, however, seldom provides opportunities to be customized for individual residents. This project would create a wardrobe that could be easily modified by nursing home staff, with little or no specialized training, to meet the unique needs of the residents.

**Grant:** 1R43AG021817-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CALKINS, MARGARET P PHD  
**Title:** Distance Learning for Home Modifications  
**Institution:** IDEAS, INC. KIRTLAND, OH  
**Project Period:** 2003/05/01-2003/11/30

DESCRIPTION (provided by applicant): The goal of this project is to develop and test the feasibility of a series of online educational modules that provide practical information on home modifications for older adults with sensory, mobility, physical and cognitive impairments. Modifying a home through remodeling, adding adaptive hardware, or changing the arrangement of objects is an important intervention strategy to manage chronic health care conditions, maintain or improve functioning, increase independence, ensure safety of frail older adults who experience functional limitations, and minimize the cost of personal care services. A major reason for the limited implementation of home modifications throughout the U.S. is not a lack of carpenters or construction people to implement the modifications, but rather the lack of individuals in social service agencies, particularly in non-urban areas, who have the knowledge to prescribe the appropriate modifications. Distance learning is an effective way to educate service providers to enable them to prescribe home modifications as part of a comprehensive, multi-dimensional strategy tailored to the specific needs of older adults. Phase I will involve the development and testing of a two-module course on home modifications to compensate for cognitive impairments, such as Alzheimer's disease and related dementias. Two separate course formats, synchronous (where a group of learners take the course during the same time frame, dialoguing with each other and the professor through a bulletin board) and asynchronous (where there is no interactive component but learners can take the course at any time) will be tested for both knowledge gain and learner preference. Phase II will develop and test the efficacy of several additional courses on home modifications for individuals with other conditions, such as sensory, functional or mobility impairments. Phase III will include an aggressive marketing plan to make the courses readily available to a broad range of social service agency personnel, contractors, and others engaged in home modifications.

**Grant:** 1R43AG022275-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CALKINS, MARGARET P PHD  
**Title:** Web-based Environmental Design Lexicon for Dementia care  
**Institution:** IDEAS, INC. KIRTLAND, OH  
**Project Period:** 2003/09/01-2004/02/29

DESCRIPTION (provided by applicant): This project will create a Web-based dementia design lexicon for designers and long-term care providers that provides a comprehensive assembly of design-related information which is: systematically organized, easily searchable, linked with potential outcomes (resident, staff, family, and organization), and weighted for confidence in the impact/outcome. This project builds on a previously funded project, which has developed the basic content of the lexicon. The genesis of this project stems from the inadequacy of psychological, social and medical research to inform design decision-making. The physical environment has a significant impact on how care is organized, determining everything from the size of groups residents find themselves in for meals and activities to the people they interact (or don't interact) with, to basic care issues such as the ability to maintain continence. However, the greatest impact of gerontological research upon design has been at a global level of abstraction--getting designers to think in terms such as "legibility," "sensory stimulation," and "autonomy." Yet designers are then required to take a "leap of faith," in their decision-making as to what design decisions would forward such goals as "maximizing autonomy." These decisions are often based upon design industry folklore or reasoning by analogy. Thus individuals in long-term care settings, and particularly people with dementia, who comprise between 50 and 80% of all nursing home residents, may be forced to live in settings that are not supportive of their needs and abilities. This project would address these current limitations by creating a highly accessible, research-based, comprehensive database that weights information as being 1) research-based, 2) reflecting the consensus of a group of dementia design experts, or 3) anecdote and without evidence. Phase I of this project has three specific aims. Aim #1 is to translate a portion of the significant amount of information generated through the Alzheimer's Association grant into a database format that reflects the relational structure necessary to make the ultimate product both comprehensive and useable to the end-users. Aim #2 will be to pilot test the database on a sample of potential users (both designers and long-term care clinicians) to ensure it is easily navigated and understandable. If the resulting product is so complex customers find it too difficult to use, it will not be successful. Aim #3 will be to evaluate the efficacy of the database as an informational tool. Ultimately, the goal is that the lexicon will be used to create supportive environments for people with dementia. Phase II will format the rest of the lexicon information into the database, translate it into a user-friendly Web-based resource, and again test its utility in informing the design process. Phase III includes final product development and market penetration plans.

**Grant:** 1R43AG022761-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CLARK, D JOSEPH PHD  
**Title:** Understanding Aging Curriculum Modules  
**Institution:** VIDEODISCOVERY, INC. SEATTLE, WA  
**Project Period:** 2003/09/01-2004/02/29

DESCRIPTION (provided by applicant): The aging of the American population is emerging as one of the most profound public health and social issues that students today will face. The field of aging presents a excellent opportunity for interdisciplinary research and problem solving as it combines disciplines of cell biology, genetics, neuroscience, health, epidemiology, and social issues. There is a dearth of educational programs that focus on aging for the general public and an almost complete lack of inclusion of the topic in general science and health textbooks, and in the national science and health standards. Videodiscovery proposes to develop Understanding Aging, a series of multidisciplinary educational modules dealing with the biological and social aspects of aging that can be integrated into the high school and undergraduate college curriculum. The Videodiscovery Digital Library (VDL TM) is an online instructional delivery system consisting of 30,000 images and movies with associated descriptive text, lessons and retrieval software. This unique resource offers teachers and students a comprehensive, high quality, highly organized science media collection that can improve science learning at all levels. In addition to the image retrieval and curriculum module investigatoring software there is fully integrated assessment engine that administers and scores interactive video tests that are tied to educational objectives. The subscription based- VDL is delivered on a dedicated server located at each site or by a centrally hosted server. During Phase I funding, a set of prototype modules will be developed and tested at the upper high school and undergraduate level. During Phase II, a complete educational program will be developed that will integrate aging topics throughout the science curriculum. This will prepare individuals to anticipate and prepare for the aging process in themselves and family members. It will also stimulate interest in young people in pursuing research or health service careers that focus on aging. Understanding Aging materials will be distributed as part of the VDL and as a stand-alone DVD ROM.

**Grant:** 1R43AG021344-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HARRIS, CATHERINE M PHD  
**Title:** Translating Dementia Care Research Online: Communication  
**Institution:** DEMENTIA CARE DESIGN INTERNATIONAL SAN ANTONIO, TX  
**Project Period:** 2003/06/15-2004/05/31

DESCRIPTION (provided by investigator): Communication necessary to carry out life's activities is impaired early in the course of dementia and requires specialized knowledge and skill of those who provide care. The goal of this application is to develop a prototype program and training module for Interactive Internet dissemination that TRANSLATES the best of COMMUNICATION IN DEMENTIA CARE research into concepts and terms that care managers and caregivers can understand, adopt, and consistently apply in the care setting. In the process, an ON-LINE system will be created, that harnesses the collaborative technology of the Internet, linking researcher, caregiver, and manager in the development, dissemination, and evaluation of dementia care materials. The prototype communication module will be generated in consultation with nationally recognized experts in dementia care through: 1) prioritizing the most important issues in communication in dementia care; 2) identifying critical dementia care research to support the teaching; 3) developing a teaching plan that explains the care approaches and incorporates adult learning principles, while maintaining the integrity of the research; 4) creating user-friendly interactive Internet versions of the module with the potential for self-evaluation and feedback to researcher's and program developers; and 5) recreating the prototype module in Spanish and Navajo language and culture.

**Grant:** 1R43AG021335-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** HENDRICKSON, BRUCE  
**Title:** Development of a Friction Drive Inclined Platform Lift  
**Institution:** HANDI-CABINETS ETC., INC. KINDRED, ND  
**Project Period:** 2003/09/30-2004/08/31

DESCRIPTION (provided by applicant): A feasibility study for the development of a friction drive inclined platform lift will be conducted. The proposed approach will utilize a twenty-year old design that was never sold commercially due to cost ineffectiveness, and nonconformance to safety regulations. This project's main technical innovation will be to replace the major cost component of the twenty-year old lift, the steel rack and pinion drive, with a low cost friction drive. The friction drive is expected to cost close to one tenth that of the current rack and pinion drive for materials, machining, and installation. In addition, the lift is not currently designed to meet commercial safety regulations. In order to meet these regulations, several technical design changes will need to be made. The costs of each of these design changes will result in a final cost estimate that will be used to determine overall cost feasibility. These design changes, along with replacing the rack and pinion drive, will lead to an initial prototype design ready for phase two, Product Development and Testing.



**Grant:** 1R43AG021855-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LANTZ, PENELOPE A JD  
**Title:** MULTIMEDIA LONG-TERM CARE RESOURCE  
**Institution:** HEALTH MEDIA LAB, INC. WASHINGTON, DC  
**Project Period:** 2003/05/01-2003/10/31

DESCRIPTION (provided by investigator): The long-term goal of this project is to develop and evaluate through focus group discussions and questionnaire survey data, a multimedia resource designed to help individuals and caregivers of individuals navigate through the maze of intricacies associated with long-term care planning, and to help them make informed decisions about long-term care options including, type of care, source of care, and how to pay for care. This resource will include a CD-ROM with tutorials, worksheets, common applications, and legal forms; a toll-free telephone helpline staffed by experienced long-term care counselors; and Website resources from Health Media Lab's long-term care Website section, plus links to other Internet resources. We envision the information provided by each of these media as overlapping, although each has its own advantages. For instance, the telephone helpline will offer personalized, one-on-one help. The Website will have tutorials, printable worksheets, links to other resources, and will be updated frequently. The CD-ROM can have much of the same information and tools as the Website, but may be easier to use for people without high speed Internet access. This multimedia resource will be for use by individuals and couples who want to plan for their long-term care, adult children of elderly parents who are caregivers or who monitor care, and spouses, friends, relatives and others who provide care to elders. It will also be useful for professionals, including employee benefits coordinators, public health, medical and nursing personnel, elder care lawyers and others who provide legal assistance, insurance companies, social workers and other senior service providers, and elder care volunteers who assist in educating caregivers about long-term care options. It will help users understand and utilize (or help others to utilize) health insurance, health care, legal and financial issues, medicare and medicaid, and other long-term care issues for seniors.

**Grant:** 1R43AG022268-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MCARTHUR, LYNNE MA  
**Title:** Medicare Education and Decision Support Tools  
**Institution:** JOHNSON, BASSIN AND SHAW, INC. SILVER SPRING, MD  
**Project Period:** 2003/08/01-2004/01/31

DESCRIPTION (provided by applicant): Who will care for aging baby boomers? They will likely have to do it themselves. The need to educate boomers about the extent of the problems they will face in obtaining affordable health insurance and assisted-living services is abundantly clear. To date, boomers have tended to "turn a blind eye" to these issues, partly out of ignorance and partly out of denial that they will ever need these services. Medicare, Medigap, M+C, Medicaid, and private health insurance eligibility, enrollment, disenrollments, coverage, and costs have become a maze of complexity. Government sources of information are inadequate and often not sought until a crisis occurs. Our firm, JBS, runs the Centers for Medicare and Medicaid Services' national resource center in support of all state health insurance and counseling programs. We believe that the private sector can develop some informational products that will better enable boomers to plan for and use long-term health insurance options. The proposed products are CD-based interactive software, a "Medicare Game," a Dummies-type book that would make Medicare understandable, a toolkit for retirement planners and human resources professionals, and a Web site. Our SBIR goals are to develop prototype products, assess interest of likely distributors, and evaluate commercial viability.

**Grant:** 1R43AG022255-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MURPHY, NHORA B BA  
**Title:** El ejercicio y su Salud: Nunca es Tarde Para Empezar  
**Institution:** MEDIA NETWORK SILVER SPRING, MD  
**Project Period:** 2003/09/01-2004/08/31

DESCRIPTION (provided by investigator): Advances in diagnosis and treatment outcomes of major medical conditions have increased life expectancy and the average number of years lived without a limiting disease or disability. There exists, however, a marked disparity in the active life expectancy and quality of life among different racial and ethnic groups. To support the National Institutes on Aging (NIA) in its efforts to better address the disparities in the "active life expectancy" of older Hispanics, The Media Network, Inc. is to research, develop, produce, evaluate, and distribute a Spanish-language exercise videotape, trainer's manual and poster for widespread use among older Hispanics. In Phase 1, the principal investigator will conduct formative research and testing to evaluate concepts on the program's safety, cultural and social acceptability and effectiveness. The product will largely be based on the Spanish-language exercise guide titled "El Ejercicio Y Su Salud." The exercise guide was produced by The Media Network in conjunction with NIA and was awarded First Place in the Blue Pencil/Gold Screen Competition sponsored by the National Association of Government Communicators. In Phase 2, The Media Network, Inc. will professionally produce the videotape of a unique Spanish-language exercise program and create accompanying training materials. In Phase 3, the videotape will be marketed, and distributed for community use by older Hispanics. Accompanying promotional and training materials will be created and by using its extensive network of community-based Hispanic groups, The Media Network will also promote and distribute the video. The final component of the project will be an evaluation of the campaign and product's effectiveness. Completion of the tasks outlined in this application will result in a professionally produced and field-tested Spanish-language exercise program designed for older Hispanics. Improving health behaviors and health maintenance strategies with culturally competent and appropriate educational materials can only be achieved through effective, safe, and enjoyable programs that are widely available and marketed to the aging Hispanic population. The final product will fill a critical void in exercise training products targeting Hispanics and has the potential of achieving a comprehensive and beneficial impact on the overall fitness of the older Hispanic community in the US.

**Grant:** 1R43AG020464-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** NEMES, SUSANNA PHD  
**Title:** Training Health Care Providers on Senior Substance Abuse  
**Institution:** DANYA INTERNATIONAL, INC. SILVER SPRING, MD  
**Project Period:** 2003/06/15-2004/05/31

DESCRIPTION (provided by applicant): The Substance Abuse and Mental Health Services Administration and the American Medical Association suggest that there is an epidemic of alcohol abuse among the elderly. Since the number of elderly using home healthcare is a rapidly growing, it is important for home health care professionals to be aware of alcohol use by their patients and of the potential negative effects of this use. The goal of the proposed Phase I SBIR Project is to develop an integrated, interactive, multimedia nursing continuing education (CE) course (Alcohol Use and Abuse in the Elderly) add screening instrument (Elderscreen) to provide home healthcare nurses with knowledge, tools, and skills to assess their senior patients for alcohol use/abuse and make appropriate referrals. To maintain their licensing, nurses in many states are required to take CE credits, which gives this product great commercial potential. In Phase I, Danya proposes to develop the online nursing CE course with accompanying screening instrument and Alcohol Fact sheets. The online nursing CE course will undergo a pre-test/post-test feasibility pilot test evaluation during Phase I. In Phase II, we will develop supplemental materials to the course including a Case Study Video and Online Resource Center Website, and a full-scale evaluation of the online nursing CE course will be conducted.

**Grant:** 1R43AG022252-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** NIXON, KENNETH R MS  
**Title:** Internet-based Alzheimer's Caregiver Support System  
**Institution:** COMPUTATIONAL GEOSCIENCES, INC. NORMAN, OK  
**Project Period:** 2003/09/30-2004/03/30

DESCRIPTION (provided by investigator): The long-term objective of Small Business Innovative Research Phase I is to develop an Internet based Alzheimer's Caregiver Support System (iACSS). The iACSS would enable care to be provided remotely to individuals with Alzheimer's disease over the Internet. iACSS would feature a videoconferencing capability to communicate and monitor the Alzheimer's patient and their environment. The objectives of the system are to improve the quality of care of Alzheimer's patients, reduce caregiver support costs and disruption to daily routine, and allow the person with Alzheimer's to remain independent as long as possible. An experimental prototype of iACSS will be developed to demonstrate the concept and functional capability of the system. Caregiver support groups will be used to develop the functional requirements of the system and define caregiver intervention strategies in a long-distance paradigm. In-home experiments will be conducted using the iACSS prototype to allow caregivers first-hand use and evaluation of the system and to identify the Alzheimer's patient and caregiver characteristics of where the system can and cannot be used effectively. The research will also evaluate the use of the iACSS to deliver professional health care to Alzheimer's patients, in both suburban and rural areas.

**Grant:** 1R43AG022271-01  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** RAPCHAK, BARBARA A BS  
**Title:** Emedonline: Telemedicine Medication Management System  
**Institution:** LEAP OF FAITH TECHNOLOGIES, INC. CRYSTAL LAKE, IL  
**Project Period:** 2003/08/01-2004/07/31

DESCRIPTION (provided by investigator): Medication non-compliance is estimated to cost the US healthcare system an estimated \$76.6 billion a year. Approximately 10% of hospital admissions are related to medication issues, costing up to \$50 billion annually. Understanding the causes of noncompliance and identifying methods to help patients follow their regimens may improve health outcomes and reduce related costs. We propose to determine whether a medication management system improves compliance among elderly patients being treated for hypertension. The medication management system, called Emedonline, uses standard cellular phone technology to call patients at programmed intervals, gives voice, text, and graphic instructions for taking prescribed medications, and dispenses the medications. It focuses specifically on modifying social interaction factors and providing a tool to enhance the administration process. We have identified three key objectives toward achieving Phase I and Phase II goals: 1. Develop Emedonline to facilitate prescribing medication regimens for healthcare providers, and facilitate medication compliance for patients. 2. Assess the acceptability of the service among healthcare providers, pharmacists, and patients. 3. Evaluate effects on medication compliance, perceived social support, and feelings of control over health destiny. During Phase I, we will examine requirements through focus groups with a sample of healthcare providers, pharmacists, and patients; develop a prototype of the Emedonline system; conduct a concept test with the sample; and create detailed specifications for Phase II development.

**Grant:** 1R43AG020895-01A2  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** STERNS, RONNI S PHD  
**Title:** Midlife Video Programming for Students and Professionals  
**Institution:** CREATIVE ACTION, INC. AKRON, OH  
**Project Period:** 2003/09/15-2004/08/31

DESCRIPTION (provided by applicant): Educators in the field of aging report a lack of multimedia on midlife. They express a desire for videos on select topics faced by the rapidly growing numbers of midlife adults. New research on midlife reveals that lifestyle choices made in the middle years determine health and vitality in old age (Rowe and Kahn, 1998). Creative Action Inc. plans to develop, produce, and market an innovative series of videos and lesson guides to educators and professionals who teach about midlife in college/university and professional settings. The videos will incorporate cutting edge research to portray key issues and solutions to problems confronting people in their middle years. The proposed product is designed to increase knowledge of midlife as well as to equip current and future professionals to provide information and potential solutions to their clients/patients. During Phase I, a panel of midlife experts will select three topics to be developed into storyboards that will be evaluated by educators and professionals in focus groups. One topic will be developed into a prototype video, which will be tested in classroom and agency settings for engagement, information, relevancy, usefulness, and elicitation of empathy. Results of Phase I research will guide product refinement and the development of additional videos in Phase II. Phase II research will lead to video refinements and development of additional videos for Phase III commercialization.

**Grant:** 5R44AG020052-03

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** BORENSTEIN, MICHAEL T  
PHD GEN/EXP  
PSYCH:GEN/EXPER  
PSYCHOL-UNSPEC

**Title:** PUBLICATION BIAS IN META ANALYSES FOR MENTAL HEALTH

**Institution:** BIOSTATISTICAL PROGRAMMING, INC. ENGLEWOOD, NJ

**Project Period:** 2001/06/05-2004/03/31

**DESCRIPTION (Applicant's abstract):** The goal of this project is to develop software to address publication bias in meta analysis. The software will incorporate various computational approaches including procedures that focus on the presence of bias, others that yield an adjusted effect size, and others that address the robustness of the conclusions. These procedures will be integrated with graphical approaches, so that it is clear why bias appears to exist and how adjustments to effect size are being made. These procedures are meant to be applied as a key component of any meta analysis, to assess the likely impact of publication bias on the conclusions. When the impact is severe, this information will allow the researcher to avoid potentially serious consequences. When the impact is modest or trivial, this information is also critically important as it speaks to the validity of the analysis and should be reported as a key part of the results. The module will include functions to import data from any program that is being used to run the meta analysis. **PROPOSED COMMERCIAL APPLICATION:** The project will produce a computer program that allows researchers to assess the potential impact of publication bias on a meta analysis. This program will have wide application in the fields of mental health research, gerontology, AIDS research, and cancer research as well as the social sciences. It will be distributed by Biostat, SPSS and by Lawrence Erlbaum Associates.



**Grant:** 4R44AG021360-02

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** BORENSTEIN, MICHAEL T  
PHD GEN/EXP  
PSYCH:GEN/EXPER  
PSYCHOL-UNSPEC

**Title:** Combining data types in meta analysis

**Institution:** BIOSTATISTICAL PROGRAMMING, INC. ENGLEWOOD, NJ

**Project Period:** 2002/09/30-2005/08/31

DESCRIPTION (provided by applicant): Over the past decade, meta analysis has come to play a key role in setting policy and also in planning new research. In gerontology, recent meta analyses have led to treatment recommendations or new insights in such areas as memory loss with normal aging, identifying, predicting, and treating Alzheimer's disease and dementia, depression in the elderly, perceptions of the elderly, disease prevention in the elderly, bone density loss and hip fractures, stroke, heart disease and aneurysms, and Parkinson's Disease, among many others. Under an earlier SBIR project, we developed a program for meta analysis. This program, Comprehensive Meta Analysis, is widely recognized as an exceptionally important resource for meta analysis. It is currently used by many government agencies, including the FDA and CDC, many of the major pharmaceutical companies, as well as thousands of universities, medical schools, and research organizations. In the current project, we will expand the program in four ways: We will add the ability to work with new classes of data, to accept data in additional formats, to display analyses using additional indices of effect size, and to include more than one class of data in the same analysis.

**Grant:** 2R44AG019528-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FLAX, STEPHEN W PHD  
**Title:** Managing Diabetes: Use of a Digital Intercom System  
**Institution:** FLEXTECH SYSTEMS, INC. BROOKFIELD, WI  
**Project Period:** 2001/09/30-2005/07/31

DESCRIPTION (provided by applicant): The long-term objective of this project is to develop a new and novel medical monitoring device aimed at benefiting a large class of diabetic individuals. The new device is being called an "Assisted Self- Management Monitor." There are many diseases, such as diabetes, which are considered "self-managed" diseases. With diabetes, it is expected that patients measure and monitor their own blood glucose levels, their own medication administration, and their own diet and exercise programs. When patients properly and actively manage their own disease, they will minimize the disease progression. Otherwise, the effects can be tragic in terms of disease progression and health care costs. Mismanaged diabetes will eventually put the patient at risk for coronary artery disease, stroke, kidney failure, blindness, and peripheral vascular disease. Furthermore, there is often a significant time lag between when a patient collects self-care information and when a medical staff is made aware of that information. The new device underdevelopment is designed to actually monitor and evaluate how well patients are self-managing their disease, and then provide feedback to the care staff and the patient when irregularities are detected. Initially, the system is intended to help diabetic patients living in an assisted living setting. The new device will automatically transfer a patient's glucose reading and medication usage information from his or her quarters to a central station. There, the information will be compared to a personal profile that has been developed for each individual patient. When something of concern is detected, the monitor will notify the care staff with an appropriate message on a computer screen. However, the resident will also be notified with a prerecorded voice message that pertains to the given condition.

**Grant:** 5R44AG019088-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** FOX, DEBRA MA  
**Title:** Web-based Training for Families of Longterm Care  
**Institution:** FOX LEARNING SYSTEMS, INC. BRIDGEVILLE, PA  
**Project Period:** 2001/04/21-2004/12/31

DESCRIPTION (provided by applicant): For the families of nursing homes residents, remaining constructively involved in the care of the resident is a challenge. Family access to clinical and administrative information is essential to effectively participate with care, yet it is usually not available, or is inadequate. Channels of communication between families and facility caregivers are poorly defined. The proposed Phase II study will complete a curriculum of clinical, administrative, and legal education for families of nursing home residents in an interactive video format accessible through the Web. It will include a "family orientation" for newly admitted residents, and in addition, a facility-specific "Family Communication Room" will enable families and staff to communicate directly on an ongoing basis. A 12-month randomized trial with four facilities will assess family satisfaction, involvement and complaints as well as resident quality of care and quality of life. The Phase I study successfully completed all stated objectives. Approximately 45-minutes of interactive-video family education on dementia was created in conjunction with family advisors. Eighteen family members who completed the program showed enhanced knowledge on pre-post tests ( $t = 5.9$ ,  $p < 0.0001$ ) and reported high levels of satisfaction. The Phase I family advisors were essential to the development of this Phase II proposal. Building on the successful commercialization of a previous product for nursing home staff education, there is a well-defined commercialization plan. Discussions have begun to market this product with a major insurance underwriter servicing the long-term care industry.

**Grant:** 2R44AG018674-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** IRVINE, A. B PHD  
**Title:** Multimedia Eldercare Support for Family Caregivers  
**Institution:** OREGON CENTER FOR APPLIED SCIENCE EUGENE, OR  
**Project Period:** 2000/09/30-2004/12/31

DESCRIPTION (provided by investigator): This project will develop a worksite-based interactive multimedia program focusing on issues confronting employed family caregivers of older adults. An automated assessment will recommend a "guided tour" of program elements most relevant to the user's personal issues or allow users to browse through the program on their own. Drawing on the models of Rolland and Doka, the program will offer advice to minimize caregiver stress, and it will help users understand care receiver viewpoints. Video vignettes and testimonials will model and promote techniques to maximize effective communication and coping skills. Communication topics will include skills useful for family meetings, conflict resolution, and negotiation, as well as for advocacy with social service agencies, long-term care facilities and the health care system. The program will also offer text-based articles supported by video testimonials, and referrals to local/national resources. Additionally, users will receive a tailored printout summarizing important program elements and other materials of interest. The program will be evaluated in a randomized control trial with 504 employed caregivers. The award-winning Phase I prototype will be marketed as a CD-ROM and in Internet/Intranet format. The Phase II program also will be produced in these formats.

**Grant:** 5R44AG017426-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LENARD, MELANIE L BA  
**Title:** Comparative Evaluation of Nursing Homes  
**Institution:** CRYSTAL DECISION SYSTEMS BROOKLINE, MA  
**Project Period:** 1999/09/01-2004/08/31

DESCRIPTION (provided by applicant): The nursing home industry has come under increasing pressure to contain costs and improve quality. We propose to develop a software product that will enable managers of nursing home chains or managers of individual facilities to perform comparative evaluations of the performance of nursing homes. With this product, they will be able to use public data on cost, utilization, and quality to find out how they rate compared to their peers and then set targets for improvement. The software product will be based on Data Envelopment Analysis, a mathematical technique for comparing "decision-making units" using several performance measures. Although Data Envelopment Analysis has been applied to the nursing home industry as a research tool, we propose to make Data Envelopment Analysis an operational tool, accessible to people with little knowledge of the underlying technique. In Phase I, we built a prototype of this product as a spreadsheet add-on and used it to experiment with data from nursing homes in Massachusetts. Based on this experience, we developed a methodology for guiding users through the various steps of the analysis. We propose now to develop a nationwide database of state and federal data on nursing homes along with a full-fledged software product incorporating our methodology.

**Grant:** 3R44AG019101-02S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LETZT, ALAN M MS  
**Title:** AccuNurse System  
**Institution:** ADHERENCE TECHNOLOGIES PURCELLVILLE, VA  
CORPORATION  
**Project Period:** 2001/04/01-2004/08/31

DESCRIPTION (provided by applicant): The AccuNurse System has been successfully developed in Phase I to provide an easy-to-use "mentor" and communications tool for CNAs and nurses in skilled nursing units. Wireless and advanced speech technologies are merged into a conversational system that provides: individualized resident information, paperless documentation at the point of care, and many other features that improve quality of care. The system works as follows: A nurse enters the CNA care plans on a host computer, with simple screens that require mouse clicks. The CNAs and nurses then have wireless access to this information, in spoken form, by wearing a cordless telephone and headset. All they need to do is speak into the headset to (a) access care plan information, (b) report a completed activity, (c) record a clinical note, (d) record weight, vital signs and input/output at the point of care, and (d) locate and speak with another staff member. They also can listen to an incoming scheduled reminder from AccuNurse such as patient repositioning. The overall aim of the Phase 2 study is to establish the commercial viability of an enhanced AccuNurse system in skilled nursing units on all three shifts, 7 days a week. The system will be tested at two continuing care retirement communities for 12 months, by full-time, part-time, and temporary, staff. We plan to enhance the AccuNurse system based on the results of Phase 1, customize the messages to meet each facility's needs, and develop an interface with each facility's information system (including care plans and MDS). The Phase 2 project team includes all the Phase 1 participants plus Kendal Corporation, a leader in elder care with 8 continuing care retirement communities.

**Grant:** 5R44AG019101-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** LETZT, ALAN M MS  
**Title:** AccuNurse System  
**Institution:** ADHERENCE TECHNOLOGIES PURCELLVILLE, VA  
CORPORATION  
**Project Period:** 2001/04/01-2004/08/31

DESCRIPTION (provided by applicant): The AccuNurse System has been successfully developed in Phase I to provide an easy-to-use "mentor" and communications tool for CNAs and nurses in skilled nursing units. Wireless and advanced speech technologies are merged into a conversational system that provides: individualized resident information, paperless documentation at the point of care, and many other features that improve quality of care. The system works as follows: A nurse enters the CNA care plans on a host computer, with simple screens that require mouse clicks. The CNAs and nurses then have wireless access to this information, in spoken form, by wearing a cordless telephone and headset. All they need to do is speak into the headset to (a) access care plan information, (b) report a completed activity, (c) record a clinical note, (d) record weight, vital signs and input/output at the point of care, and (d) locate and speak with another staff member. They also can listen to an incoming scheduled reminder from AccuNurse such as patient repositioning. The overall aim of the Phase 2 study is to establish the commercial viability of an enhanced AccuNurse system in skilled nursing units on all three shifts, 7 days a week. The system will be tested at two continuing care retirement communities for 12 months, by full-time, part-time, and temporary, staff. We plan to enhance the AccuNurse system based on the results of Phase 1, customize the messages to meet each facility's needs, and develop an interface with each facility's information system (including care plans and MDS). The Phase 2 project team includes all the Phase 1 participants plus Kendal Corporation, a leader in elder care with 8 continuing care retirement communities.

**Grant:** 2R44AG019543-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SANFORD, JON A MA  
**Title:** Comprehensive Electronic Database of Home Modifications  
**Institution:** EXTENDED HOME LIVING SERVICES, INC. WHEELING, IL  
**Project Period:** 2001/09/30-2005/06/30

DESCRIPTION (provided by applicant): Modifying one's home is an important strategy to manage chronic health care conditions, increase independence, and ensure safety of frail older adults. However, in many areas of the country the lack of specialists make home modifications difficult to obtain. The purpose of this project is to develop an innovative database that includes both comprehensive search criteria related to functional abilities and the full range of technological and environmental modifications that are necessary to provide individualized solutions. This database will enhance the capacity of rehabilitation and building professionals throughout the country to provide home modification services, particularly to under-served populations. Unlike existing databases, the product developed in this project will provide sufficient information for a broad array of potential providers who might lack detailed knowledge of home modification alternatives, to specify, obtain, install, and construct complete and optimal home modification solutions regardless of the complexity of the situation or the extent of the modifications needed or desired. In Phase 1 a review of existing databases provided the basis for developing the new product. A prototype of the database that includes solutions to the most common environmental barriers encountered by older adults in using the bathroom was developed. The prototype was pretested in 10 homes and found to be highly feasible based on the high degree of concurrence between home modification solutions generated by the database and those recommended by a home modifications specialist. Phase 2 of the project will develop and test instructional materials to accompany the database; complete database development; and demonstrate the effectiveness of the database as a tool that will significantly expand the capacity of local occupational therapists, case managers, and remodelers to provide individualized modifications at reasonable costs even when access to experts is not possible.



**Grant:** 5R44AG018709-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** SHEEHAN, MARTIN R PHD  
**Title:** Future Planning, Aging Parents Adult Children with DD  
**Institution:** IRIS MEDIA, INC. EUGENE, OR  
**Project Period:** 2000/09/30-2004/08/31

**DESCRIPTION** (provided by applicant): The overall goal of the proposed project will be to develop, produce, and test a video training program that simplifies the future planning and paces the instruction using the stages of change model. The instructional program is targeted to older parents who have adult children with developmental disabilities living with them. Other users include local Arcs (formerly The Association for Retarded Citizens) and county case management MR/DD (Mental Retardation and Developmental Disabilities) service delivery systems. Instruction will use competency-based strategies that integrate the use of stages of change, social cognitive theory, video instruction, and suggested family activities. The basis for the proposed approach derives from Social Cognitive Theory and the Stages of Motivational Readiness for Change Model. The completed program will consist of a series of five training modules: 1) Building My Lifebook, 2) The Future Planning Process, 3) Gathering information, 4) Putting your plans into action, and 5) Keeping information current. The research component of this project is designed to demonstrate that the Life History Album kit and videos will be used by parents of developmentally disabled adults to begin to produce a Life History Album (LHA) and that after using these materials parents will have advanced along the stages of change towards undertaking and establishing permanency plans for their adult children. We intend to use a two-group (Control/Intervention) pre-posttest design with measurements at multiple (3) time points. We will be testing the effectiveness of the LHA in motivating parents to undertake permanency planning against one of the most common handbooks available on this subject, the Family Handbook on Future Planning produced by the Arc.

**Grant:** 2R44AG019518-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** STROMBECK, RITA D BA  
**Title:** HIV/AIDS Web-Based Training for Health Care Providers  
**Institution:** HEALTHCARE EDUCATION ASSOCIATES PALM SPRINGS, CA  
**Project Period:** 2001/07/01-2005/02/28

DESCRIPTION (provided by applicant): Healthcare Education Associates (HCEA) proposes to develop and evaluate an interactive online Continuing Medical Education (CME) program that will: 1) enhance primary care practitioners (PCPs) ability to prevent, diagnose, and treat HIV/AIDS in adults aged 50 and over; 2) be more effective than traditional CME programs; and 3) be inexpensively marketed to health care practitioners throughout the U.S. The program will be sponsored for 4+ hours of AMA Category 1 Continuing Medical Education (CME) credit and will be marketed by Medical Directions, Inc. (MDI) via its commercial CME website, The Virtual Lecture Hall. The proposed program will be created in the form of a "Virtual Clinic." This model utilizes the interactive capabilities of the computer to achieve educational efficiency and effectiveness by providing realistic simulation of the practice world. The specific aims of Phase II are to: 1) develop an online CME program based on the curriculum written in Phase I; 2) pilot-test the program; and 3) evaluate the effectiveness of the program in meeting the learning objectives. It is proposed that the design for the Phase II Study will include both immediate and six-month follow-up assessments and a comparison of the online CME program to a traditional CME program presented in a written format in terms of the degree of attainment of the learning objectives and subsequent incorporation of content into the ongoing clinical practice.

**Grant:** 2R44AG018678-02  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WALKER, BONNIE L PHD  
**Title:** USING CBT AND THE WEB TO TRAIN BOARD AND CARE STAFF  
**Institution:** HARRINGTON SOFTWARE ASSOCIATES WARRENTON, VA  
**Project Period:** 2000/07/01-2005/03/31

DESCRIPTION (provided by investigator): This research project has two goals. Its primary purpose is to reduce injuries among older people living in board and care facilities by improving opportunities for staff training. This project will also determine the effectiveness of computer-based (CB) instruction as compared to traditional instructor-led training and to investigate the effectiveness of CB training delivered over the Internet. These goals will be achieved through the development and distribution of a comprehensive, validated multimedia injury prevention program designed to meet the training needs of the target population. Eleven injury prevention modules will be delivered in CD-ROM and Web-based formats. The pilot study undertaken in Phase I of this project demonstrated the potential for CB training with board and care staff. In the pilot test of the prototype module, the training significantly improved participant knowledge of fall prevention even though many participants had never previously used a computer. Phase II will expand the research to include a field test and follow-up study with participants in four states. Researchers will also develop and test Web-based versions of the modules. This project can serve as a benchmark for future projects and provide a standard for computer and Web-based training in the board and care industry.

**Grant:** 5R44AG016554-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** WALLENBERG, BRADFORD G PHD  
**Title:** Multimedia Alzheimer's Education in Assisted Living  
**Institution:** CARETRENDS HEALTH EDUCATION & RES SIOUX FALLS, SD  
INST  
**Project Period:** 1999/09/30-2004/07/31

DESCRIPTION (provided by applicant): Assisted Living Facilities (ALF) are the fastest growing means of providing assistance to the elderly with Alzheimer's Dementia (AD), but generally care is provided by untrained, nonprofessional staff. Therefore, the overall, long term goal of our program is to improve the quality of AD care for persons residing in assisted living facilities. In Phase I, the objective of the project was to develop a comprehensive, interactive, multimedia assisted living employee training program on CD-ROM which focused on one aspect of AD, "Enhancing Communication." In Phase II, the series of AD modules will be completed. The specific aims for expansion of the CD-ROM based training program will include: 1) develop the comprehensive training program by completing five additional AD related modules; 2) develop accompanying written materials; 3) evaluate the effectiveness of the CD-ROMs based on the knowledge testing provided to assisted living caregivers; 4) develop the marketing and commercialization plan. By the end of Phase II, we will have completed the development, production, and commercialization training program encompassing AD care provided by assisted living caregivers. PROPOSED COMMERCIAL APPLICATIONS: The number of assisted living beds in the United States is estimated to be 1.4 million. As the assisted living industry continues to grow, the number of caregivers will also increase to maintain adequate quality of care. With the increased training needs of assisted living caregivers and the increase in state regulation, the marketing/commercial potential for computer-based training will be vast.

**Grant:** 5T32AG000117-19  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** DUNKLE, RUTH E MOTH  
**Title:** SOCIAL RESEARCH TRAINING ON APPLIED ISSUES OF AGING  
**Institution:** UNIVERSITY OF MICHIGAN AT ANN ARBOR ANN ARBOR, MI  
**Project Period:** 1985/08/01-2005/04/30

DESCRIPTION (adapted from the application): This is a continuation request for five years of support for a revised training program in the school of social work at the UM. The proposed project has six overall goals of which four are retained from the previous training period and goals five and six have been added: (1) research methods appropriate to the study of aging with focus on survey research, secondary analysis and longitudinal analysis with an emphasis on ethical conduct and scientific integrity; (2) disciplinary and professional science theories and research evidence; (3) a multidisciplinary focus; (4) conduct of scientific research in applied settings; (5) training in the substantive and theoretical issues involved in examining the social and behavioral influences on health and health care, socioeconomic status, extreme old age, racial and ethnic variation, mental health, and stress and coping; and (6) scientific methods utilized in examining the relationships identified in goal five. In addition, qualitative methods and evaluation research will be added to the first goal. The main reasons for continuing the program with the new goals are the: (1) the paucity of gerontological research in a social work context; (2) need to equip researchers with a combination of research approaches; (3) need to examine social and behavioral factors that influence health and health care; and (4) success of the current program. Twenty predoctoral fellows and nine postdoctoral fellows are proposed for the five year period (2000-2005). Predoctoral fellows will have a four year fellowship while postdoctoral fellows will have two years of training. The three types of trainees are: (1) predoctoral fellows in the joint doctoral program in social work and social science studying for a joint Ph.D. in social work and one of the five social sciences (psychology, sociology, anthropology, economic and political science); (2) postdoctoral fellows with a social work doctorate who desire more extensive research training; and (3) postdoctoral fellows with a doctorate in a social science discipline who desire further applied research experience. Thirty faculty will serve as mentors to the pre and postdoctoral fellows. They come from schools and disciplines across the university, e.g., the school of social work, the five associated social science departments, the Institute for Social Research (ISR), Institute of Gerontology (IG), school of public health, and the school of nursing.

**Grant:** 5T32AG000270-05  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GOODWIN, JAMES S. MD  
**Title:** HEALTH OF OLDER MINORITIES  
**Institution:** UNIVERSITY OF TEXAS MEDICAL BR GALVESTON, TX  
GALVESTON  
**Project Period:** 1999/08/01-2004/04/30

The goal of this training program is to recruit academically promising men and women into the study of health of older minorities, with the ultimate goal being to increase the number of investigators pursuing research relevant to the health of older minorities. Support for both predoctoral and postdoctoral training is requested, two predoctoral and two postdoctoral positions in year one and three each in years two through five. Candidates for the predoctoral fellowship will be recruited nationally from undergraduate institutions; in particular we will utilize our ties with a network of undergraduate institutions in Texas and Louisiana with large numbers of minority students in order to identify and recruit qualified minority applicants for the predoctoral fellowships. The doctoral program in minority aging health will be comprised of a core curriculum including courses in epidemiology, statistics, research methods, sociomedical sciences, health care policy and aging, humanities and aging, and minority aging health. The students would complete their thesis under the direction of one of the core faculty in an area of minority aging. The postdoctoral program will recruit both MDs and PhDs to work for at least two years in research on minority aging. The training faculty are involved in research on the health of older minorities, particularly Mexican American elderly. In addition to course work and mentored research, all participants (pre and postdoctoral) will participate in a weekly seminar on minority aging research. This training program will meet the recognized need to increase research in older minorities and to increase the number of minority researchers.

**Grant:** 5T32AG000241-09  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** KAHANA, EVA F PHD  
**Title:** TRAINING: SOCIAL ASPECTS OF HEALTH RESEARCH AND AGING  
**Institution:** CASE WESTERN RESERVE UNIVERSITY CLEVELAND, OH  
**Project Period:** 1994/09/30-2005/04/30

DESCRIPTION (adapted from the application): The department of sociology at CWRU requests funding to continue training predoctoral students in its unique and successful program focusing on health research and aging. Funding is requested for four predoctoral students during each year of the training program (two new and two continuing students). During the past five years of this program, high caliber students with demonstrated career interests in the field of aging and health have been attracted. All trainee positions have been filled and students have made good progress toward degree completion. Student accomplishments are reflected in national dissertation fellowships, in paper presentations at national conferences, in publications, and in elections of our students to offices within professional organizations. Upon graduation, students have obtained positions as college teachers and research scientists in both academic and applied settings. The program faculty has been strengthened by hiring three productive scholars who specialize in research in health or aging. Based in a department with primary specialization in the sociology of aging and health, this training program offers strong grounding in sociological theory, research methods, medical sociology, and the sociology of aging, combined with an innovative and systematic program of professional socialization. Students learn to work as members of multi-disciplinary research teams on diverse funded projects which include program faculty from the department of sociology, and associated faculty from the school of medicine, school of nursing, and school of applied social sciences. Nationally recognized teachers in the program provide a curriculum consisting of formal coursework and professional socialization components. Learning experiences include research apprenticeships, a research proseminar series, a colloquium series, and teaching skills training. In addition, the program fosters early career development through student involvement in professional associations, attendance at national meetings, and preparation of papers for publication in professional journals. Continued funding of this program will provide opportunities for developing well-trained and creative doctoral-level researchers in aging and health, and thus contribute to enhancing sophistication of research in this field. The high quality of students is further documented in this revised application.

**Grant:** 5T32AG000220-10  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MARKSON, ELIZABETH W. MA SOCIOLOGY  
**Title:** MULTIDISCIPLINARY TRAINING PROGRAM IN AGING RESEARCH  
**Institution:** BOSTON UNIVERSITY CHARLES RIVER BOSTON, MA  
CAMPUS  
**Project Period:** 1993/09/30-2004/04/30

Over a decade ago, Rowe and Kahn stressed the need for aging research to go beyond assumptions that age-related changes in physiological and cognitive function are "normal" aging. At the outset of the 21st century, the imperative for research on aging is to continue to distinguish normal aging processes from disease-related syndromes. To address the multi-disciplinary of aging processes versus aging-related processes successfully multi-disciplinary, often interdisciplinary, research that encompasses both biomedical and sociobehavioral sciences are needed. Researchers need not only to be thoroughly grounded in their own disciplines but also to know how various fields of inquiry complement each other. Research scientists also need to understand each other's "cognitive maps" if they are to communicate effectively across disciplines. In response to the need for further development of multi-disciplinary approaches, this application emphasizes multi-disciplinary training support for future investigators in the sociobehavioral sciences. Requesting 3 pre-doctoral positions in the sociobehavioral sciences and 3 post-doctoral training slots for both Ph.D.s and M.D.s, the three goals of the program are: 1) to strengthen the development of research and training in aging in the sociobehavioral sciences; 2) to complement existing training support in the physical and medical sciences; and 3) to sustain multi-disciplinary approaches to aging research both among trainees and faculty at Boston University. The predoctoral program is designed for those in Economics, Psychology, Sociology, Social Work, and Public Health. Postdoctoral training will prepare fellows for careers in Biostatistics, Economics, Epidemiology,, Medicine, Psychology, Sociology, and Social Work. The training for both levels will be 2 years. The proposed training program is organized in 3 cores: 1) Physical functioning and health; 2) personality, memory, and cognition; and 3) social and economic challenges of an aging society. Twenty-four primary mentors from 9 different departments/schools/research centers have committed to work with pre- and post doctoral trainees. To provide a common core of Knowledge, all trainees will be required to complete requirements for the Certificate in Gerontological Studies, including two program-specific courses; an advanced seminar on aging issues and an research colloquium that will include responsible conduct of scientific research. The research program will be customized for trainees depending on their interests and discipline.



**Grant:** 5T32AG000272-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MARSHALL, VICTOR W PHD  
**Title:** PREDOCTORAL/POSTDOCTORAL TRAINING HLTH CARE AGING RES  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2001/09/30-2006/04/30

DESCRIPTION (from abstract): The Institute on Aging (IOA) of the UNC-CH proposes to develop an Institutional National Research Service Award (NRSA) training program offering advanced research training and directed research experience to qualified predoctoral and postdoctoral fellows from multiple aging-related disciplines in the area of health care and aging research. The thematic emphasis on health care and aging research, one of the most salient clusters of issues facing American older adults in the new millennium, is derived from the widely acknowledged leadership of UNC faculty in these areas of scholarly and educational endeavor. The special strengths of this proposed training program include the ability to study the problems of older adults living in rural communities, particularly involving communities of minority elders; and the strong commitment and track record of UNC-CH in the areas of health services research and health promotion/disease prevention. The overall goal of the predoctoral training program is to provide an aging-related focus in health and health care utilization to augment disciplinary training in theory analysis; research design and measurement; and data analysis and presentation. The postdoctoral training program will prepare a fellow with the skills to conduct complex studies of health and healthcare in aging issues or problems requiring an interdisciplinary perspective, sophisticated analytic techniques, or novel conceptualizations. Ample opportunities will be provided for trainees to participate in combined educational and interdisciplinary experiences with the Proseminar series serving as the heart of training program.

**Grant:** 3T32AG000272-03S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** MARSHALL, VICTOR W PHD  
**Title:** PREDOCTORAL/POSTDOCTORAL TRAINING HLTH CARE AGING RES  
**Institution:** UNIVERSITY OF NORTH CAROLINA CHAPEL CHAPEL HILL, NC  
HILL  
**Project Period:** 2001/09/30-2006/04/30

DESCRIPTION (from abstract): The Institute on Aging (IOA) of the UNC-CH proposes to develop an Institutional National Research Service Award (NRSA) training program offering advanced research training and directed research experience to qualified predoctoral and postdoctoral fellows from multiple aging-related disciplines in the area of health care and aging research. The thematic emphasis on health care and aging research, one of the most salient clusters of issues facing American older adults in the new millennium, is derived from the widely acknowledged leadership of UNC faculty in these areas of scholarly and educational endeavor. The special strengths of this proposed training program include the ability to study the problems of older adults living in rural communities, particularly involving communities of minority elders; and the strong commitment and track record of UNC-CH in the areas of health services research and health promotion/disease prevention. The overall goal of the predoctoral training program is to provide an aging-related focus in health and health care utilization to augment disciplinary training in theory analysis; research design and measurement; and data analysis and presentation. The postdoctoral training program will prepare a fellow with the skills to conduct complex studies of health and healthcare in aging issues or problems requiring an interdisciplinary perspective, sophisticated analytic techniques, or novel conceptualizations. Ample opportunities will be provided for trainees to participate in combined educational and interdisciplinary experiences with the Proseminar series serving as the heart of training program.

**Grant:** 1T32AG020501-01A1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** PROHASKA, THOMAS R PHD  
**Title:** Gerontological Public Health Training Program  
**Institution:** UNIVERSITY OF ILLINOIS AT CHICAGO CHICAGO, IL  
**Project Period:** 2003/05/01-2008/04/30

DESCRIPTION (provided by applicant): The objective of this application is to produce Public Health scientists whose career research goal is to improve the health and quality of life of elderly persons. This training program is a partnership among two Colleges at the University of Illinois at Chicago (UIC) with a strong history of interactive, multidisciplinary research on health issues in older populations: the School of Public Health, and the College of Applied Health Sciences. The program will be based primarily in the School of Public Health (SPH) academic divisions of Community Health Sciences, and Epidemiology and in the Center for Research on Health and Aging at the UIC Health Research and Policy Centers. The proposed program is organized around a Core Faculty known for their research contributions to the health of older people, an Advisory Committee representing the health science colleges, with Geriatrics serving in an advisory role to the program. When fully in place, the program will support 4 Ph.D. candidates and 4 postdoctoral trainees. Each trainee will be assigned to a primary mentor (and an option for a secondary mentor) who will be responsible for providing each trainee with a demanding and enriching research experience in public health and aging. Strategies for developing the trainee's research skills include an intensive mentoring program with accomplished research faculty in public health gerontology, a comprehensive curriculum designed to promote research skills tailored to the trainee's research focus, and programmatic research activities promoting scientific presentations, publications and grantsmanship skills. The proposed training program builds upon a strong academic and research program, which has achieved considerable success in developing university faculty researchers in public health and aging. The program utilizes the considerable institutional resources at UIC including a distinguished multidisciplinary and interdisciplinary faculty in health and aging, a University Center for Research on Health and Aging that is the focal point for research in gerontological health across the UIC campus, and an ethnically and culturally diverse student and faculty body dedicated to addressing a broad array of health and social issues in urban environments.

**Grant:** 3T32AG000264-05S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** ROWLES, GRAHAM D PHD  
**Title:** RESEARCH TRAINING IN GERONTOLOGY  
**Institution:** UNIVERSITY OF KENTUCKY LEXINGTON, KY  
**Project Period:** 1998/07/01-2004/04/30

**DESCRIPTION:** (Adapted from applicant's abstract). The principal goal of this training grant is to prepare promising students for research-oriented careers in gerontology with a focus on aging and health. The training grant will be embedded in a new doctoral program in gerontology. The unifying focus is a comprehensive perspective on age-related disorders, understood in their environmental context. As exemplars of this model, the program will provide training in Alzheimer's disease (AD) and stroke, with an understanding of these disorders as manifest in rural environments. Instruction and research training opportunities will include diverse perspectives on each disease entity, including etiology and epidemiology; biomedical laboratory research; clinical intervention; economic, social and cultural manifestations; and family caregiving and policy issues. Underlying philosophical motifs are: 1) adoption of a multidisciplinary and interdisciplinary focus on health and well-being; 2) blending biomedical and behavioral research training; and 3) integration of research, clinical practice, and service delivery. Trainees will learn from faculty who utilize multidisciplinary, state-of-the-art approaches to probe critical questions pertaining to AD and stroke. The faculty consists of 14 core and 10 support faculty. Graduate student trainees will complete an individually tailored program involving the following elements: gerontology core; specialized training in AD and stroke, including their manifestations in rural environments; gerontology and geriatrics research methods; a preliminary research project; experiential research-oriented laboratory, clinical or community agency practica; an integrative research seminar; a qualifying examination; and a dissertation. Multiple resources and facilities, including large scale project databases, rural hospital sites and clinics, specialized biomedical laboratories, and a wide range of AD- and stroke- related community agencies and programs, will be available to trainees. Support is requested for six predoctoral positions.

**Grant:** 5U01AG013313-08  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** BURNS, ROBERT MD  
**Title:** Multisite Intervention Trial for Diverse Caregivers  
**Institution:** UNIVERSITY OF TENNESSEE HEALTH SCI MEMPHIS, TN  
CTR  
**Project Period:** 1995/09/15-2004/08/31

DESCRIPTION (provided by applicant): The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving care-giver outcomes. The current study integrates identified components from the REACH interventions and tests a single multi-component intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse care-giver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanics/Latinos, and Caucasian/Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable care-givers to learn and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g. wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 preplanned contacts with trained staff through innovative technology over a six-month period. The technology will also provide access to formal services, family, and other care-givers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost effectiveness and clinical significance of the two conditions will also be evaluated.

**Grant:** 5U01AG020274-03  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** CZAJA, SARA J. PHD HUMAN FACTORS  
ENGINEERING  
**Title:** MULTI-SITE INTERVENTION FOR DIVERSE CAREGIVERS  
**Institution:** UNIVERSITY OF MIAMI-MEDICAL Coral Gables, FL  
**Project Period:** 2001/09/30-2004/08/31

DESCRIPTION (provided by applicant): The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving caregiver outcomes. The current study integrates identified components from the REACH interventions and tests a single multi-component intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse caregiver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanics/Latinos, and Caucasian/Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable caregivers to learn and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g. wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 preplanned contacts with trained staff through innovative technology over a six-month period. The technology will also provide access to formal services, family, and other caregivers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost effectiveness and clinical significance of the two conditions will also be evaluated.

**Grant:** 5U01AG013289-08  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GALLAGHER-THOMPSON, DOLORES E PHD  
**Title:** Multisite Intervention Trial for Diverse Caregivers.  
**Institution:** STANFORD UNIVERSITY STANFORD, CA  
**Project Period:** 1995/09/15-2004/08/31

The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving caregiver outcomes. The current study integrates identified components from the REACH interventions and tests a single multicomponent intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse caregiver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanic/Latinos, and Caucasian/Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable caregivers to team and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g., wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 pre-planned contacts with trained staff through innovative technology over a six month period. The technology will also provide access to formal services, family, and other caregivers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost-effectiveness and clinical significance of the two conditions will also be evaluated.

**Grant:** 3U01AG013289-08S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GALLAGHER-THOMPSON, DOLORES E PHD CLINICAL PSYCHOLOGY  
**Title:** Multisite Intervention Trial for Diverse Caregivers.  
**Institution:** STANFORD UNIVERSITY STANFORD, CA  
**Project Period:** 1995/09/15-2004/08/31

The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving caregiver outcomes. The current study integrates identified components from the REACH interventions and tests a single multicomponent intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse caregiver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanic/Latinos, and Caucasian/Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable caregivers to team and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g., wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 pre-planned contacts with trained staff through innovative technology over a six month period. The technology will also provide access to formal services, family, and other caregivers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost-effectiveness and clinical significance of the two conditions will also be evaluated.



**Grant:** 3U01AG013265-07S1  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GITLIN, LAURA N PHD  
**Title:** Multisite Intervention Trial for Diverse Caregivers  
**Institution:** THOMAS JEFFERSON UNIVERSITY PHILADELPHIA, PA  
**Project Period:** 1996/09/30-2004/08/31

The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving caregiver outcomes. The current study integrates identified components from the REACH interventions and tests a single multi-component intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse caregiver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanic/Latinos, and Caucasian Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable caregivers to learn and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g., wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 pre-planned contacts with trained staff through innovative technology over a six month period. The technology will also provide access to formal services, family, and other caregivers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost-effectiveness and clinical significance of the two conditions will also be evaluated.

**Grant:** 5U01AG013265-08  
**Program Director:** STAHL, SIDNEY M.  
**Principal Investigator:** GITLIN, LAURA N MA  
**Title:** Multisite Intervention Trial for Diverse Caregivers  
**Institution:** THOMAS JEFFERSON UNIVERSITY PHILADELPHIA, PA  
**Project Period:** 1996/09/30-2004/08/31

The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving caregiver outcomes. The current study integrates identified components from the REACH interventions and tests a single multi-component intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse caregiver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanic/Latinos, and Caucasian Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable caregivers to learn and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g., wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 pre-planned contacts with trained staff through innovative technology over a six month period. The technology will also provide access to formal services, family, and other caregivers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost-effectiveness and clinical significance of the two conditions will also be evaluated.

**Grant:** 3U01AG012546-10S3  
**Program Director:** SHERMAN, SHERRY  
**Principal Investigator:** MATTHEWS, KAREN A  
**Title:** WOMENS HEALTH ACROSS THE NATION--PITTSBURGH  
**Institution:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH, PA  
PITTSBURGH  
**Project Period:** 1994/09/30-2004/08/31

**DESCRIPTION (provided by applicant):** The Study of Women's Health Across the Nation (SWAN) is a multicenter, multiethnic, community based, longitudinal study designed to characterize the biological and psychosocial changes that occur during the menopausal transition and to assess their effect on women's health. Current and past funding (SWAN I and II) support six years of follow-up, at the end of which 60% of observable transitions to postmenopause will have occurred. Together, this competitive renewal application (SWAN HI) and a separate competitive supplement application request funding to complete a total of 10 cohort follow-up visits, allowing us to capture 91% of observable transitions to postmenopause and thus providing a more representative sample. The additional data will permit a focus on the late perimenopausal and early postmenopausal periods that have not been well studied in the literature. As women reach the end of early postmenopause (two years following the final menstrual period), we will shift from an annual to a bi-annual follow-up schedule with mail and telephone contact in the alternating years. This will set the stage for cost-effective and less intensive follow-up beyond SWAN IB. We will continue our current observations as well as undertake new science in each of the four scientific project areas (ovarian aging; symptoms, risk factors, functioning and aging; cardiovascular risk factors; and determinants and outcomes of bone mass). The new science includes measurement of vascular stiffness to assess early cardiovascular disease, salivary cortisol levels, vertebral morphometry using newly developed DEXA technology, and circulating androgens and total bioactive estrogens using an assay system developed by SWAN investigators. In addition, we will focus on linking the menopause and midlife experiences to age-related outcomes and chronic diseases, including physical and cognitive function. The additional follow-up will contribute to and expand the SWAN biological specimen repository (annual blood and urine samples as well as DNA and immortalized cells), a separately funded component that broadens the opportunities to address future hypotheses about health, disease and aging. With SWAN III, many of the original goals of SWAN will be brought to fruition. We will build upon the rich foundation developed during SWAN I and II, and ultimately, link these data to subsequent age-related health outcomes.

**Grant:** 5U01AG013305-08

**Program Director:** STAHL, SIDNEY M.

**Principal Investigator:** SCHULZ, RICHARD  
PHD PSYCH ASPECT:SOC  
PSYCH/ASPECTS-UNSPEC

**Title:** Coordinating Center for Caregiver Intervention Trial

**Institution:** UNIVERSITY OF PITTSBURGH AT PITTSBURGH, PA  
PITTSBURGH

**Project Period:** 1995/09/15-2004/08/31

DESCRIPTION (provided by applicant): The objective of this proposal is to refine and test a multi-component psychosocial behavioral intervention to reduce burden and depression among family caregivers of persons with Alzheimer's Disease or related disorders. This competing renewal will build on existing infrastructures and results obtained from its parent multi-site feasibility study, Resources for Enhancing Alzheimer's Caregiver Health (REACH). REACH, (funded by the National Institute on Aging (NIA) and the National Institute for Nursing Research (NINR) U01-AG13305) explored the effectiveness of different interventions to reduce burden and distress of family caregivers in six participating sites. Detailed analyses of these data suggest specific components of the REACH interventions that may be efficacious in improving care-giver outcomes. The current study integrates identified components from the REACH interventions and tests a single multi-component intervention. This intervention will be evaluated among a sample of geographically and racially/ethnically diverse care-giver populations. The study design is a multi-site, two-group randomized clinical trial. The same two conditions: an in-home multi-component intervention or a standardized information only control condition will be implemented at five sites (Birmingham, Memphis, Miami, Palo Alto, and Philadelphia), with the Coordinating Center in Pittsburgh. Recruitment of 600 (120 per site) caregiver-care recipient dyads will yield 510 completing the protocol (15% attrition expected). Equal numbers of African Americans/Blacks, Hispanics/Latinos, and Caucasian/Whites will be recruited and assigned to each condition at each site. Phase 1 involves a refinement of the intervention and training of the interventionists across sites; in Phase 2, the randomized clinical trial will be conducted. The intervention is designed to enable care givers to learn and use cognitive and behavioral strategies, to impact both care recipient behaviors (e.g. wandering) and their own behaviors (e.g., managing stress). The intervention will consist of 10 home visits by trained staff plus 5 preplanned contacts with trained staff through innovative technology over a six-month period. The technology will also provide access to formal services, family, and other caregivers. A uniform battery of predictor and outcome measures will be collected at baseline, three and six months. Cost effectiveness and clinical significance of the two conditions will also be evaluated.